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A Housing First Model for Youth and its Relation to Social Integration

by

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Honours BA Psychology, York University, 2015

THESIS

Submitted to the Department of Psychology in partial fulfillment of the requirements for Master
of Arts in Community Psychology

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Abstract

The present study explored how a Housing First for Youth intervention, working from an empowerment theory approach, influences the social integration of youth experiencing homelessness. This was done by contrasting between groups of individuals who either did or did not receive the intervention. The sample consisted of 86 youth in the city of Ottawa between the ages of 17-24 who were randomized into the intervention (n=44) or treatment as usual group (n=42). Quantitative data from baseline and 6-month follow-up were analyzed using the *Community Integration Scale* (CIS) and *Multidimensional Scale of Perceived Social Support* (MSPSS). Repeated measures ANOVA revealed an effect for time but not by study group in the MSPSS subscales and the CIS psychological subscale, but this effect disappeared when controlling for the country of birth variable. Baseline narrative interviews (n=20), which occurred during the first 13.5 months of the program, were analyzed for emergent themes related to social integration. Findings from narrative interviews demonstrated the complex ways youth exiting homelessness experience social integration including the importance of social support and feelings of membership, and a lack of knowledge of resources in the community to support physical integration. By using a mixed-methods approach, study findings revealed that a greater emphasis on social support and addressing knowledge gaps on how to integrate physically into the community may be beneficial for the first year after youth exit homelessness due to the tendency for feelings of isolation and loneliness to occur during this time period. Future implications for the study include following the effects of the intervention on social integration over the 2-year mark due to the nature of social integration, which is not a rapid or linear process.

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Note to the Reader

In this thesis manuscript, the terms ‘homeless youth’ and ‘youth homelessness’ are used interchangeably with ‘youth experiencing homelessness’. All terms are in no way meant to impose a label or identity; the intent is for ease of reading.

Social integration is used as an umbrella term to represent 3 dimensions of integration: physical, psychological and social. Both social and community integration are used interchangeably in research with youth experiencing homelessness. This study has chosen to use the former term as it captures the three dimensions of integration and the complex ways in which people’s lives are influenced by their social environment.

A Housing First Model for Youth and its Relation to Social Integration

Introduction

Young adulthood is a developmentally sensitive time wherein youth require extensive supports to develop the skills they need to navigate adulthood. Youth experiencing homelessness require even greater supports tailored to their needs (Gaetz, 2017). The Canadian Observatory on Homelessness (COH) defines youth homelessness as “the situation and experience of young people between the ages of 13 and 24 who are living independently of parents and/or caregivers, but do not have the means or ability to acquire a stable, safe or consistent residence” (Gaetz, O’Grady, Kidd & Schwan, 2016, p. 27). In Canada, there are up to 40,000 youth between the ages of 13 to 24 experiencing homelessness in a given year (Gaetz et al., 2016), making up approximately 20% of the homeless population in the country (Gaetz, Gulliver & Richter, 2014). Despite these numbers, there is an insufficient number of programs in Canada developed to serve youth experiencing homelessness and provide them with the supports they require to exit homelessness and transition to adulthood (Gaetz, 2014).

While housing is assumed to have a large impact on the extent to which youth experiencing homelessness are socially integrated into their communities (Quilgars & Pleace, 2016), without providing these youth with developmentally appropriate supports alongside residential stability, successful social integration is unlikely to occur and re-entry into homelessness becomes a likely outcome (Gaetz, 2017; Thulien, Gastaldo, Hwang & McCay, 2018). Developmentally appropriate supports are an essential component in social integration, improved well-being and prevention of re-entry into homelessness for youth experiencing homelessness (Roy et al., 2016; Gaetz, 2017).

This thesis explores if, and to what degree, youth experiencing homelessness are socially integrated after receiving permanent housing alongside age-appropriate supports. The following sections will outline and provide an overview of the following: connections between social integration and well-being, and their importance for youth experiencing homelessness; the youth most impacted by homelessness and their intersections; the type and nature of needed supports; a program model designed to support successful social integration and the role that empowerment plays in this process.

Social Integration

The term ‘social integration’ is complex with no one agreed upon definition (Quilgars & Pleace, 2016) and is oftentimes defined with terms such as ‘community integration’, ‘social inclusion’, ‘mainstream society’ or just ‘reintegration’. Only a handful of studies have looked at the transition of formerly homeless youth into mainstream society after obtaining stable housing (Kidd, Karabanow, Hughes & Frederick, 2013; Karabanow & Naylor, 2013; Kidd et al., 2016; Thulien et al., 2018; Thulien, Gastaldo, McCay & Hwang, 2019); however there is no consistent definition of social integration between these studies. For the purposes of this study, I have used the Quilgars and Pleace (2016) definition of social integration, broadly defined as “the extent to which formerly homeless people are able to live, work, learn and participate in their communities to the extent that they wish to, and with as many opportunities as other community members” (p.5). This definition is in keeping with an empowerment theory framework used in this study that also considers the context of an individual’s environment.

Zimmerman and Eisman (2017) conceptualize empowerment theory using three levels of analysis – individual, organizational and community. This study has chosen to define empowerment through the individual lens of analysis due to its focus on person-environment fit,

consideration of context, and influence from other levels of analysis (Keys, McConnell, Motley, Lynn Lao & McAuliff, 2017). Influence from other levels of analysis is especially important to consider since empowerment, and subsequently social integration, do not occur in a vacuum and are heavily influenced by community contexts and other, often larger, social systems.

This individual level of analysis is referred to as psychological empowerment (PE) (Zimmerman & Eisman, 2017). PE includes three components: an intrapersonal component referring to how an individual thinks about themselves and their sense of control (e.g. self-efficacy); an interactional component referring to how individuals can critically analyze their environment to determine what resources are needed to achieve their goals; and a behavioural component referring to “actions taken to achieve goals and influence outcomes” (Zimmerman & Eisman, 2017, p.174). All three components influence the outcome of social integration.

Social integration and well-being

Social integration, housing and well-being are interconnected concepts. Securing housing is the first step towards successful integration into mainstream society (Nolan, 2009) and social integration in turn improves well-being by reducing reactivity to stress, providing a sense of competency and control, and opening up pathways to wellness (Gracia & Herrero, 2004).

Despite its importance, social integration is a relatively under-researched concept in the areas of youth and adult homelessness (Thulien et al., 2019; Wong & Solomon, 2002). Limited research is available on the factors that facilitate social integration for formerly homeless individuals who have secured permanent housing – particularly for youth (Thulien et al., 2018). Social integration has, however, been linked to well-being and self-esteem among different populations of youth, including students. In fact, the “interrelation of social integration, self-esteem, and health might

play an important role especially in adolescence” (p.3); however, few studies have explored their connections (Schwager et al., 2019).

The link between social integration and well-being is also not extensively researched with youth exiting homelessness, and there are few studies that have reported on this. Thulien et al. (2018) researched this link and reported that the well-being of youth may not improve after obtaining stable housing if there is a lack of social support outside of housing. The study followed nine formerly homeless youth in their first ten months of stable housing. One participant in the study stated that they “desired more than residential stability – they desired pathways to a successful life” (p. 97). The study emphasized that “simply providing young people with a home and welfare supplements is not enough” (p. 97), they require supports as well. The study demonstrates that supports are key for improved well-being. Additionally, the results demonstrate that either these youth need to be housed longer in order for the effects of social integration to take place or, more importantly, that residential stability on its own is not enough to socially integrate formerly homeless youth and prevent re-entry into homelessness.

In a study by Gracia and Herrero (2004), stressful life events, including housing instability (the example given in this instance was moving to a worse neighbourhood), among a sample of adult participants living in an urban area, left participants vulnerable to poorer psychological well-being and decreased social integration. In light of such a finding, stable housing and social integration is highlighted as a key factor for positive well-being, particularly for youth since young age and low income are significantly associated with higher levels of stressful life events (Gracia & Herrero, 2004). The study also found that social support is also linked to an increase in social integration (Gracia & Herrero, 2004) and can have a particularly positive effect for late adolescence, in the sense that receipt of social support can facilitate better

coping with emotional, familial, health, and addiction-related issues over time (Newcomb & Keefe, 1997).

Youth Populations Experiencing or At-Risk for Homelessness

The make-up of Canada's homeless youth population is diverse and requires a close look at the experiences of youth identifying in such groups as: youth involved in child welfare services; LGBTQ2S youth; Indigenous youth; and racialized communities. This is by no means an extensive list of subpopulations and it should be noted that youth in different groups do not experience homelessness in a vacuum, but that intersectionality of different social identities is significant and impacts their experiences. It is important not only to develop a clear picture of the different populations affected by youth homelessness but of the complexity of providing the supports necessary to each group – which can be varied or different.

Links between youth involvement with the child welfare system and later experiences of homelessness have clearly been documented in reports and empirical studies (Schelbe, 2018). Youth experiencing homelessness have been reported to be 193 times more likely to have been involved with the child welfare system as compared to national data which has shown “that 0.3% of the general public receive child welfare services” (Nichols et al., 2017, p. 3; Statistics Canada, 2011). Additionally, compared to youth who do not go through the child welfare system, youth who age out of care are more likely to have not completed school, have no family support network, to have limited or no financial resources, require training in life skills and have emotional scars from the trauma of childhood neglect or abuse; as a result, once they are on their own, they are at much greater risk of becoming homeless (Tweddle, 2005).

Interventions with affordable-housing and built-in supports that address maltreatment, mental health and substance use for youth transitioning out of care help in disrupting the cycle of

homelessness (Goldstein et al., 2012). Ongoing supportive relationships, independent living training, access to financial support, and education, employment and training programs are also beneficial and increase the likelihood of a successful transition to adulthood for youth leaving the care system (Tweddle, 2005).

A population that is overrepresented in homelessness is lesbian, gay, bisexual, transsexual, transgender, queer and two-spirit (LGBTQ2S) youth, particularly in North America (Côté & Blais, 2019). Although they make-up only 5-10% of the general population, approximately 25-40% of homeless youth identify as part of the LGBTQ2S community (Gaetz, O'Grady, Buccieri, Karabanow, & Marsolais, 2013). Despite this astounding overrepresentation they have in our homeless population, little research is available regarding utilization of homeless agencies (Côté & Blais, 2019). Homelessness organizations and programs available to homeless LGBTQ2S youth are not built to eliminate the heteronormative and cisnormative biases that prevent these youth from establishing feelings of safety when accessing these organizations (Côté & Blais, 2019).

Family conflict is one of the main causes for youth in this community leaving their home, specifically being kicked out of the house which can be further be categorized as abuse, homophobia or transphobia, including being forced to leave home after coming out to one's family (Abramovich, 2008). Youth who end up on the street prefer to stay there rather than stay at shelters due to the prevalent homophobic and transphobic discrimination and violence that prevent these youth from feeling safe inside shelters (Abramovich, 2017). There is still a lack of LGBTQ2S-friendly specialized support services and shelters that homeless youth can access (Abramovich, 2012). Research in Canada has yet to focus specifically on this population and so

there is little understanding regarding the situation of what the LGBTQ2S homeless youth experience is (Abramovich, 2012).

It has been demonstrated that both indigenous and racialized youth are over-represented in the child welfare system, with indigenous youth making up about half of the children in care in Canada (Nichols et al., 2017). The over-representation of this sub-population is mirrored in the youth homelessness population as well (Nichols et al., 2017). As with other populations, including LGBTQ2S youth, available statistics do not demonstrate the extent of the problem, however the research available reports that indigenous youth have higher rates of multiple experiences of homelessness, with 80.4% reporting more than one experience of homelessness in their lifetime (Gaetz et al., 2016). The lack of research coincides with the fact that indigenous youth are the fastest growing group in Canada (Hick, 2007) which asserts the necessity of more research and also demonstrates the rising need for more services that meet the needs of this population.

Similar to LGBTQ2S and indigenous youth, racialized youth are over-represented in the youth homelessness population in Canada (Nichols et al., 2017). In the Canadian National Youth Homelessness Survey published in 2016, 17.4% of the sample identified as a member of a racialized community (Gaetz et al.). It is important to note that indigenous youth experience racialized forms of discrimination, which is why a greater percentage of the survey sample (28.2%) identified as a member of a racialized community if we include indigenous youth who identify as racialized (Gaetz et al., 2016). Accounting for these differences and experiences is important if the appropriate supports are to be made available to racialized and/or indigenous identifying youth. Supports around mental health are especially important for these youth and

need to be both culturally relevant and account for experiences of systemic discrimination (Gaetz et al., 2016).

The intersecting experiences of youth homelessness from all identifying groups should not be overlooked. Some of the groups reviewed here may have more difficulty socially integrating due to stigma, discrimination, family violence, and similar experiences. Many of these experiences are more prevalent in specific groups (i.e. the many experiences of discrimination towards indigenous youth who experience homelessness); however, it is important to once again recognize the intersections of these experiences. Youth who identify with multiple groups could in fact be experiencing more than one level of discrimination. For example, indigenous who identify as being racialized and members of the LGBTQ2S community can experience both racialized and homophobic forms of discrimination and violence.

Social integration and Youth Experiencing Homelessness

Away Home Canada and the COH have been leading the research on youth homelessness in Canada and are advocates of the right to basic housing, safety, education and supports for youth (Gaetz et al., 2016). They completed the first national survey on youth homelessness (Gaetz et al., 2016) and published yearly reports on the subject (Homeless Hub, n.d.) when there was little research being published on the topic. While there is now increasingly more literature on youth homelessness than there was a decade ago, few effective interventions and solutions exist for this population. More research is needed on the factors that are instrumental in sustaining long-term exits out of homelessness for youth *and* integrating them into the complex youth culture of today (Thulien et al., 2019). In addition, while it is easier to find literature on the drivers of youth homelessness, there is currently very little empirical evidence on youth who have secured permanent and stable housing and the extent to which they have been able to

integrate into society (Thulien et al., 2019). Social integration is a crucial factor for youth exiting homelessness (Kidd et al., 2016) because of the positive impact of social integration on both well-being (Gracia & Herrero, 2004) and prevention of re-entry into homelessness (Gaetz, 2017).

Social integration among youth experiencing homelessness is a construct that is often overlooked (Thulien et al., 2019). A systematic review of interventions in high-income countries that focused on the re-integration or harm reduction of street-involved youth found that no studies measured re-integration of youth into their communities as a primary outcome (Coren, Hossain, Pardo Pardo & Bakker, 2016). This review defines re-integration as a residential or educational environment that can provide youth with “elements of physical safety, medical care, nutrition, counselling, education, inclusion in social and economic opportunities and room for recreation and personal and spiritual growth that may impact positively on longer-term life chances” (Coren et al., 2016, p.11). The interventions reviewed proved no more effective for social integration than shelters or drop-ins that youth already had available to them (Coren et al., 2016). This finding demonstrates that current interventions do not promote the social integration of youth (i.e. access to education, training, employment opportunities and participation and inclusion) as effectively as they should (Coren et al., 2016). Interventions in this review that met the criteria for inclusion did not measure access to literacy, education and employment (Coren et al., 2016), all important factors in social integration. In fact, in accordance with the Quilgars and Pleace (2016) definition, these factors are fundamental to social integration.

A study in Toronto that focused on social integration followed nine formerly homeless youth who recently transitioned into independent (market rent) housing (Thulien et al., 2018). Ten months of qualitative data revealed that while the youth had secured independent housing, it was still incredibly challenging for them to move forward due to barriers such as limited

education and employment opportunities, limited social capital, unaffordable housing and low income (Thulien et al., 2018). Over time these barriers affected their ability to make long-term plans, which eventually led to feelings of “outsiderness” (Thulien et al., 2018). This study showed that housing on its own is not sufficient in achieving meaningful social integration for youth exiting homelessness, and that it is necessary to also provide these youth with supports tailored to their needs. For example, it is important to discuss the social integration of homeless youth within the socioeconomic context (i.e., monthly income, type of employment) and position (i.e., social class, occupation, race, gender etc.) (Thulien et al., 2018), two concepts that are not emphasized enough in research and discussions surrounding youth exiting homelessness. Thulien et al. (2018) found that participant’s low socioeconomic position was not separate from the barriers they faced that prevented them from achieving meaningful social integration. Furthermore, these authors highlight that youth exiting homelessness require the “same supports available to mainstream youth the same age” (p. 97) and that residential stability is simply not enough.

Another reason why social integration is such a multidimensional concept is the complex ways that homeless youth engage with their social environments, and that they experience their own form of social integration in the subcultures of street life (Frederick, 2019). An analysis of the social dynamics of homeless youth found that identity dynamics were complex and how youth identified themselves was often connected with certain discourses or ideas that shaped how they viewed their experiences and choices (Frederick, 2019). For example, one such discourse that homeless youth identified with was “the value of being independent and not being confined by mainstream employment” (Frederick, 2019, p. 1142). These discourses affect how young people engage with their environment and emphasize the challenge facing homeless youth

who now have to navigate new spaces, discourses and ideas when transitioning into permanent and secure housing.

Providing these youth with stable housing and support services can go a long way in improving their mental health and facilitating social integration into society (Gaetz et al., 2013). Kidd et al., (2016) report that youth who reside in supportive housing contexts report better social integration than those in independent housing. This finding demonstrates that youth require supports alongside residential stability. Youth housing programs should recognize that supports are an integral part of socially integrating formerly homeless youth. One program model, the Housing First (HF) model, is being examined as a long-term solution to end homelessness and foster social integration of youth exiting homelessness by providing them with both stable housing and specialized supports with no preconditions.

Housing First Model and At Home/Chez Soi

The reality for youth experiencing homelessness is that access to services is difficult and most of these youth are unaware of the range of services available to them (Evenson & Barr, 2009). The services currently available to youth experiencing homelessness include emergency shelters and day programs; however, what is required is a move away from crisis responses and towards permanent and effective solutions to end youth homelessness (Nichols et al., 2017). What is needed for homeless youth is best practice intervention models that provide affordable housing alongside supports that align with the needs of emerging adults – these supports can include access to income and education, and health and well-being supports (Gaetz, 2014). One such best practice intervention that meets these requirements is the HF model.

HF is an intervention for adults experiencing homelessness, with an emphasis on populations experiencing chronic homelessness, and mental illness and addiction challenges

(Goering et al., 2011). The HF model is a recovery-oriented approach to ending chronic homelessness that involves moving individuals experiencing homelessness into independent and permanent housing as quickly as possible with no preconditions (Goering et al., 2014). After housing has been secured, additional services and supports are provided as needed. The HF model is considered to be a best practice for interventions on homelessness (Gaetz, 2012) and there is evidence-based research from Canada that demonstrates the model's general effectiveness when compared to "Treatment First (TF)" approaches (Goering et al., 2014).

The HF model was established by the Pathways program (Tsemberis, 2011) and provides an alternative to the mainstream TF approaches, which offer temporary congregate housing alongside mandatory programs for sobriety to determine "housing readiness" of the participants, as established by case managers, before access to housing is given (Padgett, Stanhope, Henwood & Stefancic, 2011). The Pathways model offers housing first with no set preconditions or requirements for detoxification or sobriety (Tsemberis, 2011).

The HF model's premise focuses on being client-centred through a commitment to work with the clients for as long as they require it, and emphasizes warmth, respect and compassion for all clients (Tsemberis, 2011). Great importance is placed on the values and attitudes toward the clients – including providing consumer choice and self-determination. The HF model also views housing as a basic human right and highlights the separation of housing and services as a fundamental factor (Tsemberis, 2011). These principles of HF align closely to empowerment theory, which emphasizes working *with* vulnerable groups, as opposed to *for*, to promote their self-determination, choice and control (Rappaport, 1987).

The evidence base for Housing First in Canada was established with the At Home/Chez Soi study, which was a randomized controlled trial of the HF model in five Canadian cities –

Vancouver, Winnipeg, Toronto, Montreal and Moncton (Goering et al., 2011). The study provided evidence for the effectiveness of the HF model by demonstrating increases in housing stability and choice, and decreases in homelessness and hospitalization as compared to treatment as usual (TAU) (Polvere et al., 2014). Rather than taking the top-down expert-driven approach, the At Home/Chez Soi study took a hybrid approach wherein both persons with lived experience and experts (i.e. researchers and service-providers) were consulted throughout the project (Nelson et al., 2016). This process works to personally empower the individuals who have experienced a lack of control in their lives and to help them reclaim power in their life (Nelson & Prilleltensky, 2010). It allows participants to choose whether or not they want to access additional supports or services, and the location and type of housing that they want, neither of which is contingent upon compliance (Gaetz, Scott & Gulliver, 2013). This philosophy of the HF model provides the foundation to allow participants to make life improvements and move toward recovery (Tsemberis, 2011), both of which are important processes in social integration.

Housing First and Social Integration

The outcome of social integration from the HF delivery model has been inconsistent, with limited results for both adult and youth populations experiencing homelessness due to different definitions and measures of social integration used in HF studies (Quilgars & Pleace, 2016). The At Home/Chez Soi study did not find significant results on the outcome of social integration for young adults aged 18-24 (Kozloff et al., 2016). This was likely due to the fact that the intervention was targeted towards an adult homeless population and therefore was not able to serve the needs of youth (Kozloff et al., 2016). A review of the current services available in Canada for youth experiencing homelessness revealed that there are very few programs in place that are implementing the HF model tailored to align with the developmental needs of youth who

are transitioning into adulthood (Gaetz, 2017). A review of studies that did use the HF model with youth showed mixed results for the outcome of social integration (Quilgars and Pleace, 2016). This was likely due to different definitions and mechanisms of social integration and that social integration was not a primary outcome (Quilgars and Pleace, 2016). The biggest finding from Quilgars and Pleace's (2016) review of HF studies was that researchers viewed the attainment of stable housing as achieving social integration, which, as discussed previously, is not the case (Thulien et al., 2018; Gaetz, 2017).

Available research demonstrates that the difficulty youth face in exiting homelessness is in part due to the few resources available to support them even after they have succeeded in finding housing (Kidd et al., 2016). This finding is emphasized by the fact that youth who reside in supported housing contexts report better social integration, quality of life, and mental health, as compared to those in independent housing (Kidd et al., 2016), showing that access to independent housing is not an indicator of positive well-being (Gaetz, 2017). This finding highlights the importance of ongoing supports that should accompany stable housing. It is clear that for social integration to occur, extensive support - such as supports for health and well-being, access to income and opportunities for meaningful engagement - is required after obtaining housing.

What is required is an HF delivery model tailored to youth experiencing homelessness, as well as a stronger conceptual and practice framework for operationalizing and supporting the outcome of social integration. Housing First for Youth (HF4Y) seeks to provide such a model; this program model is used in this study to look at the outcome of social integration on youth exiting homelessness.

Stephen Gaetz has spearheaded the adaptation literature for the HF4Y model in his 2017 report *This is Housing First for Youth: A Program Model Guide* in which he discusses isolation and loneliness as greater concerns for young people experiencing homelessness and that opportunities to develop positive social relationships are important for social integration. Learning to trust others and feeling safe in their environment is vital in this population, particularly for their societal reintegration process (Kidd et al., 2016). If youth experiencing homelessness feel emotionally protected and respected, are able to trust other adults and to feel safe, they are more likely to utilize services and supports and participate in community programming (Kidd et al., 2016). HF4Y has incorporated supports for well-being, housing, income, education and social inclusion as part of their model (Gaetz, 2014). The focus of this study is to build on the existing literature of the HF model and the long-term value of adapting this model to youth, which has not been extensively studied (Kozloff et al., 2016), by looking at the effect of a HF4Y program on social integration.

HF4Y

All the evidence from HF demonstrates that it is indeed a best practice intervention in addressing adult homelessness (Gaetz, 2017), particularly as demonstrated in At Home/Chez Soi (Goering et al., 2012); however, also demonstrated in At Home/Chez Soi is that the intervention was not as effective for youth in outcomes other than housing stability (Kozloff et al., 2016). HF4Y is a rights-based intervention providing both access to immediate housing *and* age-appropriate supports (Gaetz, 2017). Support is ongoing for as long as the youth require it, with the goal being to help the youth “recover, to grow and mature, to engage in school or employment, and to become socially included” (Gaetz, 2017, p.3). This model is adapted to respond to the different needs of youth based on age, gender, sexual orientation, family structure

and experience of marginalization with the goal of providing enough supports to enable youth to make a successful transition to adulthood. This model recognizes that youth need basic supports for a longer period of time during this transition into adulthood than do adult populations experiencing homelessness (Ferguson, Kim & McCoy, 2011).

The potential benefits of HF4Y are wide-ranging and work to provide youth with choice, self-determination, individualized supports, and social and community integration (Gaetz, 2014). Providing youth with immediate accessing to housing with no preconditions is particularly crucial and every effort should be made to divert them from long stays in emergency shelters (Gaetz, 2014), as they are generally built for adult populations, can be very unsafe and are unsuitable for youth (Jennings, Parra-Medina, Hilfinger-Messias & McLoughlin, 2006). This model uses a strengths-based approach by building on the strengths of the youth and enhancing protective factors (Gaetz, 2014) as opposed to the usual focus of youth-based programs on risky behaviours. Participants in this program are also able to exercise choice on the location and type of housing they receive, what services they receive, and when to start using these services (Gaetz, 2014).

Ferguson et al. (2011) suggest that among homeless youth, greater ownership of the programs that serve them contribute to increased motivation to participate in programming and to improve their lives. As discussed previously, the HF model aligns with the theoretical framework of empowerment theory and adapting the model to youth would provide them with choice in determining the type of accommodations, services and supports best suited to each individual.

The core principles of HF4Y include the following: a right to housing with no preconditions; youth choice, youth voice and self-determination¹ and wellness orientation; individualized, client-driven supports with no time limits; and social inclusion and community integration. For the purposes of this study and its focus on social integration, we will explore the effectiveness of the intervention at achieving the last principle – social inclusion and community integration.

Youth who experience homelessness can feel excluded socially, economically, politically and culturally (Gaetz, 2017). In order for youth to fully integrate and participate in community, in education and employment, HF4Y focuses on first providing them with housing that does not cause isolation or stigmatization. An example of this could be offering a different range of accommodations for youth to choose from (i.e., scattered site, independent living vs. congregate or supportive housing vs. returning to family residence) (Gaetz, 2017). This would also keep in mind that the housing needs of youth may change and evolve over time (Gaetz, 2017). Opportunities for social and cultural engagement as well as meaningful engagement in activities is also a key focus for HF4Y in helping the youth to become socially integrated. The model also focuses on strengthening relationships with the meaningful people in the youth's life (e.g., building natural supports) and connecting them to appropriate professional supports (e.g., therapists, social workers) if natural supports are either "strained or non-existent" (Gaetz, 2017, p.10).

In the program overview for this model by Gaetz (2017), three organizations that have implemented HF4Y programs were reviewed (two international, one in Canada). In two of these reviews, lack of social inclusion and community integration were listed as an obstacle and

¹Positive youth development is a philosophy wherein a strengths-based approach focuses on the youth's assets rather than on risk and vulnerability (Gaetz, 2017).

challenge. The reasons were experiences of isolation and loneliness from the youth, or social exclusion by neighbours and communities (Gaetz, 2017). These findings demonstrate the importance of placing emphasis on social support and meaningful engagement as youth exit homelessness and transition to adulthood. HF4Y aims to facilitate an exit out of homelessness and a safe entry into adulthood.

An Operationalized Framework of Social Integration

While the last few years have seen increasingly more studies published on social integration and HF, the evidence-base in this area is still relatively underdeveloped (Quilgars & Pleace, 2016). Quilgars and Pleace (2016) review the evidence-base for social integration in the context of HF using a Rapid Evidence Assessment methodology and conclude that HF studies used different definitions and measures of social integration and mainly operationalized the term as community participation (i.e. engagement with local community resources), despite the fact that it is a multidimensional concept. It is therefore important that social integration not be limited to one dimension, such as physical, but expanded to include all three dimensions of an individual's environment: physical, social and psychological.

Social integration in this study has been operationalized as physical, social and psychological integration, according to a framework developed by Wong and Solomon (2002) for adults with psychiatric disabilities living in supportive independent housing. Physical integration refers to the extent to which an individual spends time, participates in activities, and uses goods and services in the community outside their home (Wong & Solomon, 2002). Social integration has two dimensions: (1) the first is an interactional dimension, which is the extent to which an individual engages in social interactions with community members that are culturally and contextually normative; and (2) a social network dimension, which refers to the extent to

which an individual's social network reflects a diversity of social roles and the degree to which their relationships reflect positive support and reciprocity (i.e. social support), as opposed to stress and dependency (Wong & Solomon, 2002). Psychological integration refers to “the extent to which an individual perceives membership in his/her community, expresses an emotional connection with neighbors, and believes in his/her ability to fulfill needs through neighbors, while exercising influence in the community” (Wong & Solomon, 2002, p. 19).

Empowerment Theory, HF4Y & Social Integration

Empowerment is ecological in nature, meaning that it considers the notion of “interdependence of person and environment, resources necessary to implement interventions, adaptation of people and settings, and recognition of change over time” (Zimmerman & Eisman, 2017, p.175). This consideration of context is necessary for empowering individuals since it recognizes that change in one setting will influence changes in other settings, and that people need to be considered in the context in which they live and work if any real empowerment is to take place. Social integration similarly considers people in the context of where they live, work and learn and the extent to which they can use resources and opportunities to participate in their community settings (Quilgars & Pleace, 2016). Therefore, it can be said that socially integrating formerly homeless youth is rooted in empowerment in that the goal for both processes (social integration and empowerment) is to help these youth use resources, think critically and effect change in their environment that relates to their goals.

This study has looked at empowerment from an individual lens – psychological empowerment (PE). As discussed earlier, PE has an intrapersonal, interactional and behavioural component. These three components are defined as having a sense of control (intrapersonal), being critically aware of one's environment (interactional), and taking steps towards goals and

effecting change (behavioural) (Keys et al., 2017; Zimmerman & Eisman, 2017). This empowerment theory framework aligns well with the HF4Y program wherein the goal is for youth to be their own decision makers, to take steps toward their goals and effect change in the area of their choosing (e.g. relationships, education, resources).

The HF4Y program model is also an adaptation of the Pathways model (Gaetz, 2017) and the philosophy (and core principles) of both models align with empowerment theory. The Pathways model's philosophy is a client-driven approach, meaning that clients are invited to be "their own decision makers – to drive the process themselves" (Tsemberis, 2011, p.8) wherein the goal is to "foster client dignity and empowerment" (Tsemberis, 2011, p.6). The philosophy of the HF4Y model, similar to Pathways, is to provide support and guidance to youth as they make their own decisions in transitioning out of homelessness and into stable housing and mainstream society, and later adulthood. Two of the HF4Y core principles best exemplify this philosophy: youth choice, youth voice and self-determination; and individualized, client-driven supports with no time limits. Empowerment is at the core of HF4Y; furthermore, it is important to social integration as well.

To better understand the overlap between empowerment theory and social integration, a theory of change will be proposed to describe and better comprehend the connections between these two concepts, and how HF4Y aims to facilitate these processes. Youth experiencing homelessness have experienced a profound disintegration and disempowerment, wherein these experiences of homelessness are very socially isolating and create barriers, which make it difficult for the youth to access stable housing and become autonomous (Gaetz et al., 2013). Where there is disempowerment there must also be power; the HF4Y program works to empower youth by giving them the *power* to choose the kinds of accommodations and services

they want to utilize in the community, when to start using these services and the extent to which they want to be involved (Gaetz, 2014; Gaetz, 2017). Social integration and empowerment work in tandem, not separately. HF4Y's focus on social inclusion and community integration, as well as on youth choice and voice, is a good example of using both empowerment and social integration to help youth feel self-directed and independent.

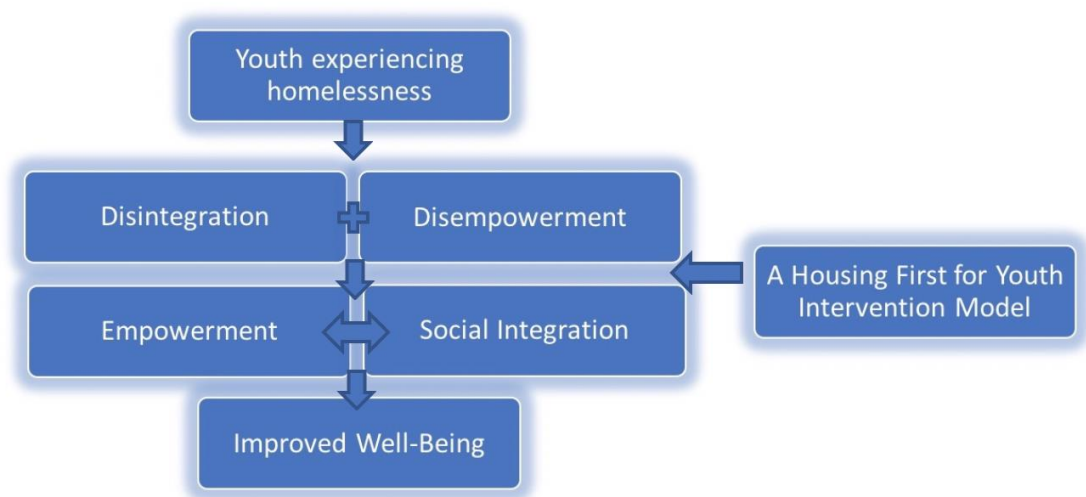


Figure 1. Theory of Change: A Conceptual Diagram of Social Integration through a HF4Y intervention for youth experiencing homelessness.

This theory of change, seen in Figure 1, proposes that feelings of empowerment can positively influence social integration and lead to an improved sense of well-being.

Empowerment theory works from a framework of promoting choice, self-determination and control (Riemer, Reich, Evans, Nelson & Prilleltensky, in press) and is a good fit for working with vulnerable youth populations such as those experiencing homelessness. The main objective of this study was to explore the construct of social integration through the lens of empowerment theory for youth experiencing and at-risk for homelessness and examine how these youth are influenced by their involvement in HF4Y.

An Operationalized Framework of Empowerment

To operationalize empowerment, this study used the empowerment process model, which is used to “measure empowerment for the purpose of research and to employ the concept in program development and evaluation” (Cattaneo & Chapman, 2010, p.646). The empowerment process model, Figure 2, allows researchers or practitioners to determine what outcomes their intervention or program is producing (i.e. goals, actions or impact).

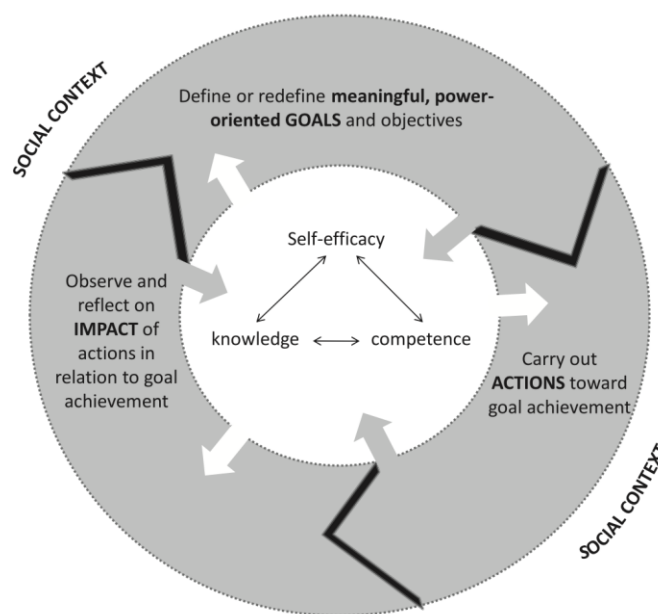


Figure 2. The Empowerment Process Model (Cattaneo & Chapman, 2010)

If empowerment has ‘occurred’, then participants in the program have experienced an increase in power through their own efforts by achieving a goal that is personally meaningful to them (Cattaneo & Chapman, 2010). Looking at Figure 2, the first step in this process of empowerment is a meaningful and power-oriented goal that is set by the participant. Meaningful goals set by the participants are useful because they are both motivating and compelling to the participant, and, most importantly, they take into consideration the sociocultural context. Sociocultural context is important to consider if any real power is to be gained, and the goal here is not an intrinsic one (i.e., an increase in motivation), the goal is a very real external reward – in

this model the reward is power (Cattaneo & Chapman, 2010). The goal must also be power-oriented, that is, it should increase the participants influence in any interaction (i.e., interaction between systems, social relationships etc.).

The second step, taking action towards goals, leads to the third step: impact. Impact involves “an assessment of what happens following the individual’s actions” (Cattaneo & Chapman, 2010, p.653). Again, the goal is not intrapsychic change, which involves no actual change in power (i.e. a participant who *believes* they are capable of influencing their environment), but rather on actual changes between the participant and their environment. An example of this would be a participant whose goal is to have less contact with a community group, or more influence in a close, personal relationship. This participant then carries out an action (i.e. asserting themselves) and reflects on the environmental response to this action (i.e. are they now less influenced by the community group or more assertive with their significant other?) (Cattaneo & Chapman, 2010). The participant also needs to *feel* that they can accomplish the goal (knowledge) and *know* what is required to accomplish it (competence) (Cattaneo & Chapman, 2010). The environmental response to their action will either increase or decrease their self-efficacy – particularly if they view the outcome as a direct result of their action (Cattaneo & Chapman, 2010).

The goal of this model is to determine if any real empowerment has taken place. This study used this model to determine if participants in the HF4Y program experienced real changes in empowerment. Any increase in power should equal an increase in social integration since “an increase in power is an increase in one’s influence in social relations at any level of human interaction” (Cattaneo & Chapman, 2010, p. 647), which is essentially the goal of social integration: for individuals to participate and direct their own lives in their communities, in work,

education and relationships, in any area of their life and to the extent that they wish. In this study, I used the empowerment process model to determine if empowerment had occurred for participants in a HF4Y program. I predicted that an increase in social integration would mean that some form of empowerment had taken place. Based on the results, I used the model to recommend where the HF4Y program can focus its resources to help participants in moving further along in the process of empowerment, and subsequently social integration.

Research Objectives

Based on the above review of the literature, there is evidence to support both the importance of socially integrating formerly homeless youth, the positive effect it can have on their well-being and the benefit of a HF4Y program in achieving these outcomes (Roy et al., 2016; Gaetz, 2017; Thulien et al., 2018; Thulien et al., 2019). This study attempted to shed light on how well youth at-risk for or experiencing homelessness socially integrate after entering a HF4Y program and obtaining stable housing, based on the operationalized terms of social integration and empowerment.

Research Questions

Based on the above literature review and identified research objectives, this study examined the effects of an HF4Y model on social integration. The two research questions were as follows:

1. Does a HF4Y model for youth experiencing homelessness in Ottawa lead to increased social integration (i.e. social support and community integration) over a 6-month timeframe?
2. To what degree do youth receiving the HF4Y intervention differ in their experiences of social integration (i.e. social support & community integration) from youth who received the control intervention?

Methodology

Research Paradigm

The research aim of this study was to determine how participants who receive housing, and health and social support services differ in how well they are able to integrate socially than those who receive the treatment-as-usual (TAU) condition. To best answer this question, both quantitative and qualitative data provide the most complete picture, and so this study uses a mixed methods approach. I believe that there is no one superior form of research (e.g. qualitative or quantitative) and that the decision on which approach to use should depend on the circumstances and context of the study. Focusing on quantitative or qualitative data collection, or both, is a decision made by the researcher based on what they believe will best serve the research itself. My beliefs most align with a pragmatic approach to research which:

“...sidesteps the contentious issues of truth and reality, accepts, philosophically, that there are singular and multiple realities that are open to empirical inquiry and orients itself toward solving practical problems in the ‘real world’.” (Feilzer, 2010, p. 8)

Rather than working within the constraints of a singular research method or technique, pragmatism allows the researcher to bring together quantitative and qualitative research in order to solve a problem.

Given the importance of quantitative measures to capture changes in outcomes and qualitative measures to capture context (which is especially important when working with youth who are experiencing homelessness), there became a value in using a mixed methods approach in this study. This also informed the research design used in this study – a convergence mixed methods model - where both types of data are given equal weight. In this study both qualitative and quantitative data were collected at the same time, as opposed to sequentially, and both are important to capturing the research questions asked in this study.

Personal Reflexivity

My research background involves primarily working with youth, however I recognize that my upbringing and background is vastly different from the participants in this study and I have not been at-risk for or experienced homelessness. This can affect my interpretation of the qualitative data as I did not have that lived experience. One way to address this potential bias was through researcher reflexivity, which is discussed in more detail in later sections.

My goal was to validate the experiences of the youth by recognizing their experiences without judgement and from a strengths-based and empowerment approach consistent with the theoretical framework of HF. I also believe my values for community well-being and social justice aligned well with this project, particularly my belief in recognizing these youth as experts in their lived experiences.

Method

Research Context.

The larger study. This study was part of the larger HF4Y pilot project titled Making the Shift (MtS), a federal government funded randomized controlled trial conducted by the Canadian Observatory on Homelessness (COH) through York University, and A Way Home Canada. Dr. Stephen Gaetz is the lead researcher of the larger longitudinal study through York University. In collaboration with community partners that work directly with the target population and through the use of existing evidence-based research, a HF4Y model was developed. The foundation for the HF4Y model was built on providing youth experiencing homelessness with housing and a youth appropriate support system.

In addition to providing housing, the following supports were provided to facilitate the transition to permanent housing: supports for health and well-being, access to income and

education, complementary supports and opportunities for meaningful engagement such as life skills, income supports, access to training, education and employment, and social supports, including strategies to enhance relationships and community engagement (Gaetz, 2014). These youth tailored supports differ from the original HF model used in At Home/Chez Soi which focused primarily on providing mental health support for adult populations experiencing homelessness (Goering et al., 2011).

The following three sites were chosen to implement the HF4Y program: Hamilton, Ottawa and Toronto. The populations at each location differed with an Indigenous-focused youth population at the Hamilton site, a focus on youth between the ages of 18-24 in Ottawa, and youth aged 17-24 in Toronto and transitioning out of Children's Aid. Ottawa was the first site to launch the HF4Y program and has a larger sample and more data collected at a greater number of time points; as a result, the present study focused on the sample from the Ottawa site. Existing HF programs, youth shelters and major youth service organizations in the city of Ottawa prioritize youth aged 17 and under, and so the age range 18-24 was chosen for this site to prioritize youth who did not have access to these services. It is also important to note that while youth 18-24 were prioritized, the study still included youth aged 17 (as seen in Table 1) due to decisions made by community and the service side of the larger research project.

MtS Ottawa began recruitment in February 2018 and is currently ongoing. The full MtS longitudinal study is planned for two years and uses a mixed-methods approach, including surveys, assessments and qualitative narrative interviews with participants to explore a range of factors, such as housing stability, psychosocial health and well-being, food security, and access to care. The findings from this larger study will be used to inform policy and practice and to promote a necessary shift in how youth homelessness is addressed in Canada, moving the focus

away from an over-reliance on emergency shelters to providing permanent housing strategies for this population. Furthermore, it is hoped that this HF4Y model can be scaled beyond the community level, at the federal level to improve the response to youth homelessness across Canada.

My Study. This study is part of the larger longitudinal study and focused on data collected both qualitatively and quantitative with youth in Ottawa who experience homelessness. This study pulled survey (quantitative) data from the larger study regarding social integration in the form of the Community Integration Scale, and Multidimensional Scale for Perceived Social Support, both discussed in later sections. It is important to note that since the larger study is ongoing, data collection for the survey data is not complete for all participants at all time points. This study pulled data from two time points: baseline and 6 months. Data collection at both time points is still being completed by the larger study; as a result, only a portion of the full sample was used for this study for the quantitative survey data. For the narrative (qualitative) interviews, the full sample was completed and used in this study.

My study was supervised by Dr. Maritt Kirst, who brings her skillset as an expert in community mental health, housing and homelessness, and healthy equity research. Dr. Kirst has published multiple papers regarding the HF intervention project, At Home/Chez Soi, and has evaluated similar complex health interventions including mobile crisis intervention teams and integrated health and social care programs.

Research Design. The larger study is a randomized controlled trial (RCT) design in which the participants were either randomized to the HF4Y intervention group or the TAU group. In TAU, participants continue to regularly access services that they already use or have access to in the community. The rigorous nature of an RCT design is beneficial in evaluating the

HF4Y study because it allows for comparison between two groups that are virtually identical and allows researchers to look at the outcomes for the intervention group and determine if they were effective, while ruling out threats to validity (Sibbald & Roland, 1998). RCTs are the most rigorous way to determine cause-effect relationships in interventions between the treatment and outcomes (Sibbald & Roland, 1998).

My study used a mixed-methods triangulation design which is used to “obtain different but complementary data on the same topic” (Morse, 1991, p.122). This study specifically employed a convergence mixed methods model (Creswell & Plano Clark, 2007). In this model, both types of data – quantitative and qualitative – are collected and analyzed separately in order to compare, contrast and validate the results on the same topic (Creswell & Plano Clark, 2007). This convergence model fit well with this study because the purpose was to use both types of data to better understand the effects of an HF4Y program on social integration and allow for the qualitative data to expand on the quantitative findings and vice versa.

The research team in Ottawa used semi-structured interviews with open-ended questions for qualitative data collection. Longitudinal, semi-structured interviews are helpful and a common method for understanding individual-level experiences (Puddifoot, 2003). A range of quantitative measures were collected over time, but this study focused on quantitative measures in the form of the Community Integration Scale (CIS) and the Multidimensional Scale for Social Support (MSPSS).

Participants.

Selection Criteria. This study used data from participants in both the control and intervention groups from the HF4Y Ottawa site. These individuals are 18-24 years of age and

met the eligibility criteria for being newly homeless or unstably housed (e.g. participants were either experiencing or at-risk for homelessness).

Participant Recruitment. Participants in the study were recruited through referrals from youth-serving agencies across Ottawa and scheduled for a 30- to 90-minute baseline (quantitative) interview. MtS Ottawa is working with 3 youth-serving agencies: John Howard Society, Canadian Mental Health Association and Youth Services Bureau. Following the baseline interview, the youth were randomized into the HF intervention or TAU group. Participants were given the result of their randomization through an envelope which was put together by someone from the study who was not part of the research team. The envelope consisted of a paper which had the result of the randomization printed on it reading either “Services in the Community” for TAU, or “HF4Y” for the intervention. If randomized into the intervention group, participant is connected to a worker from the corresponding referral agency.

In the consent form for the larger study (Appendix D), participants consented to being interviewed every 3 months and filling out questionnaires every 6 months throughout the course of the study up until 24 months. Additionally, a random selection of 20 participants was chosen to participate in narrative (qualitative) interviews. The sample population had the following study eligibility criteria: newly homeless or unstably housed (e.g. transitional/supportive living); moderate acuity as measured by the Service Prioritization Decision Assistance Tool (SPDAT); between 18-24 years of age; and legally residing in Canada. The SPDAT is an assessment tool used by frontline workers with clients experiencing homelessness to determine which clients should be prioritized to receive assistance first (Homeless Hub, n.d.). All participants in this sample met the criteria for moderate acuity (i.e. neither high needs nor low needs). In the city of Ottawa, there remains a service gap for homeless youth who meet the criteria for moderate acuity

as measured by the SPDAT. It was decided that the larger study focus on recruiting study participants who meet the eligibility criteria for moderate needs in order to address this service gap.

Sample. The sample for this study was taken from the Ottawa HF4Y site which is expected to have 100 participants (50 randomized in HF4Y; and 50 randomized in TAU). From these 100 participants, 20 participants are randomly selected to take part in narrative (qualitative) interviews. Since the larger study is ongoing and has not completed quantitative data collection, the sample taken for this study includes 86 participants (44 participants in the HF4Y intervention, 42 in TAU) for baseline demographic data (Time point 1). See Table 1 below for demographic characteristics of participants at baseline (N=86), comparing the HF4Y and TAU participants. At 6-month follow-up (Time point 2), 64 participants had completed the CIS and MSPSS scales. Qualitative data collection, however, has been completed with a full sample set (N=20) at Time point 1 (12 months).

Procedure. This study used the data collected by research assistants at the HF4Y Ottawa site. The quantitative data was collected through a paper-and-pencil questionnaire administered by research assistants at the Ottawa site and later entered into an electronic database via the survey program Qualtrics. This study examined the following two timepoints for the CIS and MSPSS surveys: baseline assessment and a follow-up at 6-months. CIS and MSPSS were chosen to measure all three dimensions of social integration; physical and psychological integration was measured using the two subscales of CIS, and social integration was measured through MSPSS.

The narrative interviews were audio-recorded and conducted in-person by research assistants at the Ottawa site and were transcribed by research assistants at both the Toronto and Ottawa sites, including myself. After transcription, the data were analyzed using the software

Dedoose. All interview transcripts were identified by code number and electronically stored on my password protected research laptop provided to me by MtS. The narrative interviews took place during the first 13 months of the study.

Data Collection.

Quantitative Measures. While the larger study is collecting data on a range of outcomes (e.g., housing stability, mental health, physical health) over a 24-month period, this study focused on the effects of HF4Y on social integration over a 6-month period. In this study social integration is measured with the Community Integration Scale (CIS) and the Multidimensional Scale of Perceived Social Support (MSPSS). CIS is designed to evaluate the social integration of adults (18 years or older) with psychiatric problems (Aubry & Myner, 1996) but has been used successfully with homeless youth and has produced significant results in assessing social integration among this population (Kidd et al., 2013).

Similar to At Home/Chez Soi, HF4Y used an adapted CIS comprising of the physical and psychological integration domains (Aubry & Myner, 1996). The survey used here is comprised of 7 items for the physical dimension and 4 items for the psychological dimension, for a total of 11 items. The physical dimension assesses the frequency of an individual's involvement in different activities outside their home in the past month (Aubry & Myner, 1996), with questions on activities such as going to the movies, volunteering, attending a concert, going to a coffee shop and others (full scale available in Appendix B). Responses varied from 'No' to 'Mostly yes'. Scores range from 4 to 28 with higher scores representing higher levels of physical integration. While this dimension does focus on people in close physical proximity, it is relevant for this study because the idea is for youth to become more connected to others and access resources in their neighbourhood through scatter-site housing.

The psychological dimension was used to operationally define psychological integration (Aubry & Myner, 1996). Individuals are presented with statements regarding their sense of belonging, feelings of influence, and emotional investment in relation to community members and the community (Aubry & Myner, 1996). Responses were based on a 5-point Likert scale from ‘strongly disagree’ (1) to ‘strongly agree’ (5) (see Appendix B). Scale scores range from 5 to 20, with higher scores representing higher psychological integration in their neighbourhood. For both subscales, higher scores indicate a higher overall sense of belonging to their community (MtS, 2019). Psychometrics regarding the adapted version of the scale used in this study have yet to be reported (Kidd et al., 2016), however psychometric information is available for other versions of the scale including the initial version used by Aubry & Myner (1996). The 12-item physical and psychological dimension of the initial scale demonstrated acceptable internal reliability with a Cronbach alpha of 0.74 and 0.71 for community residents, respectively (Aubry & Myner, 1996).

MSPSS is a self-report measure of perceived social support (Zimet, Powell, Farley, Werkman & Berkoff, 1990). It is a subjective assessment of social support from three sources: family, friends and significant other (Zimet, Dahlem, Zimet & Farley, 1988). This study assessed levels of social support for the total scale and the three subscales. This 12-item questionnaire uses a 7-point Likert scale ranging from ‘very strongly disagree’(1) to ‘very strongly agree’ (7). The questions in the scale address relationships with family, friends, and significant others with questions such as: “My family really tries to help me”; “I can count on my friends when things go wrong”; and “There is a special person who is around when I’m in need” (Appendix C). Mean scores are calculated; scores range from 1-7 for both total and subscales. A mean score between

1-2.9 could indicate low support, 3-5 moderate support, and 5.1-7 could be considered high support (MtS, 2019).

MSPSS has been found to be a psychometrically sound instrument with good internal reliability and strong factorial validity (Zimet et al., 1988; Zimet et al., 1990). The Cronbach coefficient alpha for the three subscales - significant other, family, and friends - was found to be .91, .87, and .85 respectively (Zimet et al., 1988). The reliability of the total scale was found to be .88; these values indicate good internal consistency for the three subscales and for the scale as a whole (Zimet et al., 1988). Overall, the scale has demonstrated good reliability with test-retest values ranging from .72 to .85 (Zimet et al., 1988; Zimet et al., 1990) and is a good measure of social support relationships.

Qualitative Interviews. The larger longitudinal study scheduled to do 1.5-hour narrative interviews with 20 participants at two Time points: (1) within the first year of the study and (2) closer to the 2-year mark. This study looked at the narrative interviews for the first timepoint using the full sample set for these interviews (n=20). The interview guidelines used by the Ottawa research team can be found in Appendix A. These interviews used open-ended questions (Appendix A) to explore themes of several life domains and outcomes including social integration and entry to the HF4Y program, as well as questions regarding experiences with housing and accessing services, supports and community organizations. The interviews expanded on the different conceptualizations (physical, social, psychological) of social integration, giving participants a chance to discuss their experiences with different aspects of the HF4Y program including their relationship with service providers, neighbours, landlords, the support team at HF4Y, as well as experiences settling into the new community if they received the intervention condition.

Analyzing the Data.

Quantitative Data. Statistical Package for the Social Sciences (SPSS) was used to analyze data from quantitative measures. Descriptive statistics were used to assess demographic data; a chi-square analysis was used to test whether the sample differed on key demographics at baseline (Table 1). An attrition analysis was conducted to determine if participants during Time 2 (6-months) who did not complete the survey were statistically different from participants who were followed-up at 6-months (Table 2). An ad hoc power analysis using the software G*power was conducted on both scales to determine power given the smaller sample size at Time 2 (N=64) (Table 3). To address the first research question, a paired-samples t-test was conducted to determine the influence of time (6-months) on outcomes (social support and community integration) (Table 4). To address the second research question, a repeated measures analysis of variance (ANOVA) was employed to determine the influence of study group on outcomes (Table 5). To control for group differences at baseline, a second repeated measures ANOVA was conducted while controlling for the variable 'Country of Birth'. Missing values were replaced with predicted values through single imputation on measures with missing data before running t-tests and ANOVAs. All statistical tests were two-tailed and a p-value of less than .05 was used to determine statistical significance.

Qualitative Data. Thematic analysis is a process wherein themes and patterns are identified within qualitative data (Maguire & Delahunt, 2017). A specific analysis was undertaken to analyze qualitative data called a 'top-down approach'. A top-down approach is driven by specific research questions and is more deductive in nature as compared to a grounded theory approach which is more inductive and driven by the data itself (Maguire & Delahunt, 2017). The software Dedoose was used in to undertake the top-down analysis wherein a

theoretical framework was used to identify emerging themes from the data. This theoretical framework was provided by Wong & Solomon's (2002) operationalized definitions of social, psychological and physical integration. These definitions were used to guide the thematic analysis and to interpret emerging themes across both study groups.

According to Braun and Clarke's (2006) six-phase guide to qualitative research, the first step was to become familiar with the data, with steps two to four generating codes, and creating and reviewing themes. I familiarized myself with the data by reading both transcripts and fieldnotes taken by the research assistants who conducted the interviews. These fieldnotes consisted of information on the participant as well as the context in which the interview took place, including non-verbal data noted by the research assistant. After becoming familiar with the data, I coded the data under three separate headings – social, physical and psychological integration using Wong & Solomon's (2002) operationalized definitions. Guided by the research questions for this study and Wong & Solomon's operationalized framework of social integration, the coded data began to form larger themes. In qualitative research "writing and analysis are thoroughly interwoven" (Braun & Clarke, 2012). In this study, writing and analysis occurred simultaneously as patterns emerged from larger themes.

Establishing the Quality of the Data.

Quantitative Data. Quality of the data was established through the use of standardized, well-validated scales of social integration, including social support and community integration. The *Multidimensional Scale of Perceived Social Support* has demonstrated good reliability and validity (Zimet et al., 1988). The *Community Integration Scale* has been used extensively with adult homeless populations (Segal & Aviram, 1978; Chavis, Hogge & McMillan, 1986; Aubry & Myner, 1996; Goering et al., 2011) and with homeless youth (Kidd et al., 2013; Kidd et al.,

2016). It has a physical and psychological subscale, both of which have been shown to have acceptable internal reliability (Aubry & Myner, 1996). Additionally, the dataset that contained demographic and survey data was quality checked (e.g. data entry errors, missing data) multiple times by research assistants from the Ottawa and Toronto sites (including myself).

Qualitative Data. This study made use of primary criteria -credibility and authenticity - used in qualitative research to establish quality (Whittemore, Chase & Mandle, 2001). In terms of the quality of transcribed interviews, after transcriptions were completed, a second research assistant verified the quality of the transcription. Credibility and authenticity were established in this study through researcher reflexivity and reviewing and discussing coding decisions and interpretation with my supervisor and the research team. Credibility is defined as the accuracy in which participants' lived realities and experiences are represented (Schwandt, 1997). Authenticity seeks to portray the research as a way to reflect the "meanings and experiences that are lived and perceived by the participants" (Whittemore et al., 2001, p. 530). Discussions with my supervisor and the research team helped minimize bias and inadequate portrayal of participants' realities. Addressing these threats to validity "ultimately [contributes] to quality in qualitative research" (Whittemore et al., 2001, p. 530).

Researcher Reflexivity. Researcher reflexivity is defined as critically engaging with one's position and the social or cultural contexts that can shape the interpretations of the study (Creswell & Miller, 2000). Researcher reflexivity is an ongoing form of reflection that occurs throughout the duration of the study and these reflections can take many forms. An example of reflexivity is the researcher self-disclosing any assumptions or personal biases they hold about the research (Creswell & Miller, 2000). Once again, minimizing bias helps to establish credibility and authenticity.

Reflexivity for me came in the form of a journal and team debriefs. I kept track of a reflexive journal in my position as a research assistant for the Making the Shift (MtS) Toronto team, which oversaw the HF4Y program at the Toronto site. There were biweekly team debriefs at the Toronto-site which allowed me and three other research assistants to reflect on all parts of the research process including interviewing, following-up with participants and the relationships we had built with them. All 3 research assistants have previously worked with youth in the context of homelessness.

Building relationships with participants was and continues to be a delicate process. For our research team, it was important for us that any action we were taking with participants (following-up through text/phone call, collecting data, in-person meetings) be (1) genuine, followed by (2) searching for ways to validate what we were being told and in turn (3) provide a safe space for them to share their experiences. These three actions – genuineness, validation and creating safe spaces – not only facilitated our relationships with the participants by building trust over time but also forced us to confront our own biases that served to oppose any of these three actions. These biases were reflected on and discussed during team meetings, which were also beneficial to me as a researcher in this study.

As an interviewer for MtS, the relationships I built with participants and getting to know their stories was an incredibly intense and educational experience, which gave me a perspective and insight into the population that I otherwise would not have had as a researcher. Both the journal and team debriefs served as an ongoing reflection for me personally and as a researcher. I have shared here one of the reflections I wrote and also shared during a team debrief:

The youth that I have interviewed so far have been open, honest, vulnerable and have left me feeling impressed each time. They have expressed when they need a break and when to ask for clarifications but have been grateful when I have asked them if they want to slow the pace, take a break or eat a snack. They have fully used the research experience to share

their story and have shown themselves to be immensely resilient, to which they should be given more credit. The most important takeaway for me so far is how much the youth have appreciated our honesty about all aspects of the study. I always make it clear that the power to participate and the duration is really in their hands. In our conversations I tell them that we want this to be a positive experience for them no matter the group they are randomized into and that every voice and experience is not only equally important but also impactful to the study. I can say without a doubt that I have learned from each person I have interviewed and that they should be given more credit for their resiliency and knowing what they want, they just need someone to believe in them!

These experiences became most salient to me during the analysis and discussion of the qualitative data. I felt a personal connection to the participants whose narratives I was reading, even though they were not from my caseload and were from a different HF4Y site (Ottawa). I felt a personal responsibility to truthfully, and with care and detail, present the conditions, obstacles, challenges, gains and rewards of participants who had entered the HF4Y program or continued with us in TAU. This sense of responsibility was a direct result of the relationships I had built with the youth I interviewed and only served to inform both myself and this study by bringing an awareness and understanding that can only be gained from talking to the youth themselves.

Quantitative Results

Table 1 shows demographics of participants at baseline using descriptive statistics. It shows the age range of participants to be 17 to 24. The majority of participants were female (52.3%) and identified as straight//heterosexual (53.5%), and only 36% of participants completed high school or more. There was a significant difference in country of birth between the two study groups, with the majority of participants born in a country other than Canada in the intervention group (17.44%) but only 5.8% in TAU. This variable was controlled for in later analyses. The

majority of participants identified as students (46.5%) and also reported as having no children (89.5%). Total time spent homeless in lifetime (in years) varied between participants with a majority reporting either less than a year (44.1%) or 1-2 years (41.2%), and less reporting more than 2 years (14.7%).

Table 1 Demographic characteristics of participants at baseline (N=86)				
Variable	Total (N=86) N(%)	HF4Y (N=44) N(%)	TAU (N=42) N(%)	p-Value
Gender Identity				.393
Female	45(52.3)	25(56.8)	20(47.6)	
Other	41(47.7)	19(43.2)	22(52.4)	
Age				.375
17-19	47(54.7)	22(50)	25(59.5)	
20-24	39(45.3)	22(50)	17(40.5)	
Sexual Identity				.507
Straight/Heterosexual	46(53.5)	22(50)	24(57.1)	
Other	40(46.5)	22(50)	18(42.9)	
Level of Education				.317
Completed grade 5 to 8	3(3.5)	1(2.3)	2(4.8)	
Attended high school, not completed	52(60.5)	22(50)	30(71.4)	
Completed high school	18(20.9)	13(29.5)	5(11.9)	
Attended business, trade/technical school	7(8.1)	4(9.1)	3(7.1)	
Completed business, trade/technical school	3(3.5)	2(4.5)	1(2.4)	
Attended university, not completed	3(3.5)	2(4.5)	1(2.4)	
Country of Birth				.015
Canada	66(76.7)	29(65.9)	37(88.1)	
Other	20(23.3)	15(34.1)	5(11.9)	
Primary Employment Status				.723
Student	40(46.5)	18(40.9)	22(52.4)	
Employed (Including Self-Employed)	15(17.4)	8(18.2)	7(16.7)	
Unemployed	28(32.6)	16(36.4)	12(28.6)	
Volunteer/Other	3(3.5)	2(4.5)	1(2.4)	
Children				.258
No Children	77(89.5)	41(93.2)	36(85.7)	
Reported 1-3	9(10.5)	3(6.8)	6(14.3)	
Total time spent homeless in lifetime (years)*				.239
Less than a year	30(44.1)	18(48.6)	12(38.7)	
1-2 years	28(41.2)	12(32.4)	16(51.6)	
2+	10(14.7)	7(18.9)	3(9.7)	
*For the variable 'Total time spent homeless in lifetime', n's do not add up to 86 due to missing data, sample size is less at N=68				

An attrition analysis revealed no significant differences between participants who completed the CIS and MSPSS survey at 6 months and those who were either lost to follow-up or have yet to complete the 6-month interview (Table 2).

Table 2 Baseline characteristics of participants who have not completed the survey (N=22) and those who have (N=64) at 6-months			
Variable	Participants who have not completed the survey at 6-months (N=22)	Participants who completed the survey at 6-months (N=64)	p-Value
Condition			
HF4Y Intervention	9(40.9)	35(54.7)	.265
Treatment as usual	13(59.1)	29(45.3)	
Gender Identity			.454
Female	10(45.5)	35(54.7)	.326
Other	12(54.5)	29(45.3)	
Age			.326
17-19	14(63.6)	33(51.6)	
20-24	8(36.4)	31(48.4)	.109
Sexual Identity			
Straight/Heterosexual	15(68.2)	31(48.4)	.662
Other	7(31.8)	33(51.6)	
Level of Education			.216
Completed grade 5 to 8	0(0)	3(4.7)	
Attended high school, not completed	14(63.6)	38(59.4)	.716
Completed high school	6(27.3)	12(18.8)	
Attended business, trade/technical school	1(4.5)	6(9.4)	.170
Completed business, trade/technical school	1(4.5)	2(3.1)	
Attended university, not completed	0(0)	3(4.7)	.170
Country of Birth			
Canada	19(86.4)	47(73.4)	.216
Other	3(13.6)	17(26.6)	
Primary Employment Status			.716
Student	8(36.4)	32(50)	
Employed (Including Self-Employed)	5(22.7)	10(15.6)	.170
Unemployed	8(36.4)	20(31.3)	
Volunteer/Other	1(4.5)	2(3.1)	.170
Children			
No Children	18(81.8)	59(92.2)	.170
Reported 1-3	4(18.2)	5(7.8)	
Total time spent homeless in lifetime (years)*			.240
Less than a year	7(36.8)	23(46.9)	
1-2 years	7(36.8)	21(42.9)	.240
2+	5(26.3)	5(10.2)	

A-post-hoc power analysis (Table 3) revealed relatively low power in the sample to detect significant change in both outcome measures (CIS and MSPSS subscales).

Table 3 Post hoc power analysis						
Measures	HF4Y		TAU		Power	df
	n	Mean (SD)	Mean (SD)	Effect size		
MSPSS Total	61	4.5076 (1.25578)	4.6429 (1.44833)	.09974	.1036385	59
Family subscale	61	4.5000 (1.82859)	4.1339 (1.66734)	.20922	.2004856	59
Friends subscale	61	3.9621 (1.79313)	4.4196 (1.96621)	.24314	.2390356	59

Significant Other subscale	61	5.0606 (1.65245)	5.3750 (1.67290)	.18909	.1794821	59
CIS						
physical subscale	62	13.3611 (5.22167)	14.0769 (4.86558)	.14183	.1356746	60
psychological subscale	62	14.0278 (2.66711)	12.7308 (3.29312)	.43284	.5071464	60

The first research question examined if the HF4Y program leads to increased social integration over six months for youth experiencing homelessness using the CIS and MSPSS measures. Before running a series of t-tests, missing values were replaced with predicted values through single imputation on both measures, CIS and MSPSS. A missing value analysis was conducted through SPSS using expectation maximization to create a dataset with no missing values; this dataset was used for running t-tests and repeated measures ANOVA.

A series of paired samples t-tests (Table 4) revealed the significance of time for MSPSS total scale ($t(60) = -3.271$, $p = .002$), MSPSS family subscale ($t(60) = -4.549$, $p = .001$), MSPSS significant other subscale ($t(60) = -2.930$, $p = .005$), and the CIS psychological dimension ($t(61) = -5.949$, $p = .001$). The MSPSS friends subscale ($t(60) = -.369$, $p = .713$) and CIS physical dimension was non-significant ($t(61) = .448$, $p = .656$). Thus, there was a significant increase in participants' social support and psychological integration from Time 1 at baseline ($M = 4.05$, $SD = 1.23$, $p = .002$; $M = 10.42$, $SD = 3.51$, $p = .001$) to Time 2 at six months ($M = 4.57$, $SD = 1.34$, $p = .002$; $M = 13.48$, $SD = 2.99$, $p = .001$). Participants particularly experienced an increase in support from family and significant others from Time 1 ($M = 3.37$, $SD = 1.50$, $p = .001$; $M = 4.70$, $SD = 1.73$, $p = .005$) to Time 2 ($M = 4.33$, $SD = 1.75$, $p = .001$; $M = 5.20$, $SD = 1.66$, $p = .005$). There was no significant increase in scores for physical integration or social support from friends from Time 1 at baseline ($M = 13.98$, $SD = 5.16$, $p = .656$; $M = 4.08$, $SD = 1.66$, $p = .713$) to Time 2 at 6 months ($M = 13.66$, $SD = 5.05$, $p = .656$; $M = 4.17$, $SD = 1.87$, $p = .713$). The results suggest that both study groups experienced an

increase in social support, particularly with family and significant others, and an increase in psychological integration. To examine potential differences between study groups, a repeated measures ANOVA was conducted.

Table 4 Comparison of community integration and social support between baseline and 6 months using a Paired Samples T-test					
Measures		Baseline	6-months	t-test	
	n	Mean (SD)	Mean (SD)	t (p-value)	df
MSPSS	61	4.0505 (1.22628)	4.5697 (1.33777)	-3.271 (.002)	60
Family subscale	61	3.3730 (1.50321)	4.3320 (1.75162)	-4.549 (.001)	60
Friends subscale	61	4.0779 (1.66304)	4.1721 (1.87280)	-.369 (.713)	60
Significant Other subscale	61	4.7008 (1.72592)	5.2049 (1.65549)	-2.930 (.005)	60
CIS					
physical subscale	62	13.9839 (5.15813)	13.6613 (5.04713)	.448 (.656)	61
psychological subscale	62	10.4194 (3.51367)	13.4839 (2.99038)	-5.949 (.001)	61

The second research question examined if HF4Y participants differed in their experiences of social integration from participants in TAU. A repeated measures ANOVA (Table 5) confirmed that while time was significant for the MSPSS total, family and significant other scales, and the CIS psychological dimension, time was non-significant for the MSPSS friends subscale and the CIS physical dimension. The time by study group interaction was non-significant for all outcome measures.

Table 5 Comparison of community integration and social support between baseline and 6 months by study group using a Repeated Measures ANOVA					
Measures		Baseline	6-months	Between Groups F (p-value) (η_p^2) Time	Between Groups F (p-value) (η_p^2) Time*Group
	n	Mean (SD)	Mean (SD)		
MSPSS	61			10.564 (.002)(.152)	.039 (.843)(.001)
Study	33	4.0177 (1.08649)	4.5076 (1.25578)		
Control	28	4.0893 (1.39276)	4.6429 (1.44833)		

Family subscale	61			19.818 (.001)(.251)	1.146 (.289)(.019)
Study	33	3.3333 (1.45997)	4.5000 (1.82859)		
Control	28	3.4196 (1.57829)	4.1339 (1.66734)		
Friends subscale	61			.150 (.700)(.003)	.073 (.788)(.001)
Study	33	3.9318 (1.52104)	3.9621 (1.79313)		
Control	28	4.2500 (1.82954)	4.4196 (1.96621)		
Significant Other subscale	61			9.423 (.003)(.138)	2.174 (.146)(.036)
Study	33	4.7879 (1.57758)	5.0606 (1.65245)		
Control	28	4.5982 (1.91042)	5.3750 (1.67290)		
CIS physical subscale	62			.252 (.618)(.004)	.151 (.699)(.003)
Study	36	13.4444 (5.07343)	13.3611 (5.22167)		
Control	26	14.7308 (5.28059)	14.0769 (4.86558)		
psychological subscale	62			32.766 (.001)(.353)	.643(.426)(.011)
Study	36	10.6111 (3.79682)	14.0278 (2.66711)		
Control	26	10.1538 (3.13295)	12.7308 (3.29312)		

Running the repeated measures ANOVA while controlling for the country of birth variable, which was significant between groups at baseline, revealed non-significant values for both time and time by study group for all measures (Table 6).

Table 6 Comparison of community integration and social support between baseline and 6 months by study group using a Repeated Measures ANOVA*					
Measures		Baseline	6-months	Between Groups F (p-value) (η_p^2)	Between Groups F (p-value)(η_p^2)
	n	Mean (SD)	Mean (SD)	Time	Time*Group
MSPSS	61			.041 (.840)(.001)	.334 (.565)(.006)
Study	33	4.0177 (1.08649)	4.5076 (1.25578)		
Control	28	4.0893 (1.39276)	4.6429 (1.44833)		

Family subscale	61			.129 (.721)(.002)	.483 (.490)(.008)
Study	33	3.3333 (1.45997)	4.5000 (1.82859)		
Control	28	3.4196 (1.57829)	4.1339 (1.66734)		
Friends subscale	61			.089 (.767)(.002)	.150 (.700)(.003)
Study	33	3.9318 (1.52104)	3.9621 (1.79313)		
Control	28	4.2500 (1.82954)	4.4196 (1.96621)		
Significant Other Subscale	61			.321 (.573)(.005)	3.662 (.061)(.059)
Study	33	4.7879 (1.57758)	5.0606 (1.65245)		
Control	28	4.5982 (1.91042)	5.3750 (1.67290)		
CIS physical subscale	62			.826 (.367)(.014)	.017 (.897)(.001)
Study	36	13.4444 (5.07343)	13.3611 (5.22167)		
Control	26	14.7308 (5.28059)	14.0769 (4.86558)		
psychological subscale	62			.995 (.322)(.017)	.238 (.628)(.004)
Study	36	10.6111 (3.79682)	14.0278 (2.66711)		
Control	26	10.1538 (3.13295)	12.7308 (3.29312)		
*analyses controlled for country of birth given group differences at baseline					

Within this particular study sample, the groups showed significant changes in outcomes over 6 months for some of the subscales, but did not differ between groups on these outcomes for both measures.

Qualitative Results

This section details the findings derived from the qualitative data. Results include themes specific to each study group (HF4Y; TAU) and themes applicable across both groups that relate to different forms of social integration. For timeline of qualitative interviews please see Appendix E.

Social Integration

In this study, social integration was operationalized into two dimensions: social interaction and social networks (Wong & Solomon, 2002). Social interaction is defined as the “extent to which an individual engages in social interactions with community members” (p. 18) that are culturally and contextually normative; the social network dimension refers to the extent to which an individual’s social network reflects a diversity of social roles and “the degree to which social relationships reflect positive support and reciprocity” (p.19) (i.e. social support), “as opposed to stress and dependency” (Wong & Solomon, 2002, p.19). In the interviews, participants got a chance to discuss past and present relationships in their lives and their impact, as well as the extent to which they socialize within and outside their community.

Theme 1: Feelings of distance from past friend groups or individuals – in HF4Y.

Some participants expressed feeling distanced to past friend groups or individuals due to growing apart: “...relationships with friends are ok, I guess. But like, I’m definitely not there enough for them, because I’m just generally not out and about as much as I should be.” (1009, Female, HF4Y, Stably Housed).

“...one of my relationships that isn’t going so great...one of my friend[s]... We used to be really close, but recently he’s grown pretty distant. And like I know that he’s been really busy with like family and um, work, but like, I used to be able to rely on him, but recently I haven’t.” (1005, Female, HF4Y, Stably Housed).

Theme 2: “I wish I can have more with other friends and be there but...hanging out with people tends to spend money” – Investing in important relationships requires money – in HF4Y and TAU.

A few participants expressed that money can be a barrier for engaging in more social opportunities with friends and maintaining relationships or they found themselves going out less and saving more money as a result: “...*I wish I can have more with like, with other friends and be there, but I’m – I mean I don’t even have a job so... and hanging out with people tends to spend money.*” (1009, Female, HF4Y, Stably Housed); “*Yeah it’s pretty much chilling every day, and the whole [day] that I’m spending doing that, I’m saving money pretty much, ‘cause I’m not going out spending money on stuff.*” (1001, Male, HF4Y, Stably Housed).

Theme 3: “I haven’t clicked with people since, like, I left my old life” – Difficulty forming new relationships – in HF4Y.

A majority of participants did not mention any new relationships or friendships (outside of service providers) being formed after obtaining stable housing due to either (1) not feeling a strong enough connection with others to form new relationships or (2) not participating in enough community or social engagements to allow for the opportunity to meet others: “...*but like just stay to myself mostly. Not, like, do things with people really, I don’t really do like, extracurricular sports or anything, just like hangin’ out, doin’...whatever I’m interested in.*” (1001, Male, HF4Y, Stably Housed).

One participant expressed difficulty in finding new connections and instead felt more connected to past friend groups:

“... I noticed I haven’t clicked with people since, like, I left my old life. Like, the only people I feel comfortable and I like...is my high school friends...When I see them it’s like I’m always happy, I’m always smiling, I’m always laughing non-stop and it’s, it’s like kids,

were kids again. But I've had a hard time clicking with anybody else since, since then." (1003, Male, HF4Y, Not Stably Housed).

Theme 4: Good relationships with service providers as a form of social support – in HF4Y and TAU.

Many participants indicated that relationships with service providers, when they are positive, are a particularly good form of social support. In positive worker-participant relationships, participants discussed being able to rely on their worker to accomplish something specific (i.e. give them some form of information, apply for an application, see housing options together) or expressed that their input was both important and welcomed in the relationship: *"I could tell [name of service provider] when she was looking for a place, she was really looking for a place. She'd listen to everything I was saying..."* (1002, Male, HF4Y, Stably Housed); *"Uh honestly, everything that I've felt problems with, that I encountered, it's the staff here at YSB and the supports that they've brought me to that's pretty much helped me get through everything."* (1017, Male, TAU, Stably Housed).

Theme 5: Family members not a reliable or consistent form of social support – in HF4Y and TAU.

For a majority of participants, family members were not a reliable or consistent form of social support and were most often cited as negative relationships with a past history of trauma that participants sought to distance themselves from. Participants distanced themselves from at least one familial relationship due to experiences of past or ongoing abuse, inability to get along or a negative familial environment (i.e. stigmatization, conflict). Conflict in the family was one of the biggest reasons why participants left home or were not on speaking terms: *"...like one of the challenges that I've been facing is just like dealing with an like emotionally abusive*

mother...and so, just kinda like going to counselling for that and like, um, building barriers between her and I...” (1005, Female, HF4Y, Stably Housed); *“Oh family? No. (Laughs) But if it’s like my worker, like not just my worker, but like counsellor, like he’s been an idol to me...but like family isn’t just given to you, it’s choice too.”* (1012, Male, TAU, Stably Housed).

Theme 6: Siblings, friends and partners most significant form of natural supports in participants’ lives – in HF4Y and TAU.

All participants, in both HF4Y and TAU, discuss their relationships with either siblings, friends or partners as significant forms of social support they depend on. Since the majority of participants express conflict and distance from family, these relationships have become even more salient forms of support:

“...I love my family and all but we don’t uh, we don’t communicate on the same level, eye to eye all the time...but seems like with me and wife...She helps me calm down and stuff like that. She’s a very positive influence on my life.” (1017, Male, TAU, Stably Housed)

“[My sister’s] about 4 years older than I am. Her and I like we’ve always been pretty close...we honestly just like sit on the phone for hours sometimes and... just ramble about random things, and it’s just kinda fun. And like when I’m going through things, she doesn’t try to fix me. That’s really helpful.” (1005, Female, HF4Y, Stably Housed)

Theme 7: Reciprocal social support leads to temporary physical integration during times of unstable housing – in HF4Y and TAU.

When discussing times of unstable housing in their past, participants in both study groups who formed relationships wherein there was *reciprocal* social support experienced instances of physical integration during these times (despite being unstably housed). The following participant, while couch surfing at his friend’s house, was able to receive support from his friend and friend’s family and give back support in form of helping out around the house, paying for

groceries, doing chores – he was able to go and look for employment and was subsequently hired:

“So we had a fight with my dad...I had to leave...So I call my friend and then he helped me with a lot of stuff you know. So he let me move in with his parents and his brother so I was living there for around 3 months...Well within the first month, they saying like you don’t have to pay any bills or anything you know cause a lot of stuff happened...So after the first month...I found work at FarmBoy, that’s when I started working, I started helping with groceries you know, doing chores and just helping the household...” (1002, Male, HF4Y, Stably Housed).

The following participant describes her time couch surfing at her friend’s apartment as positive. She describes their relationship as a reciprocal one with both of them supporting each other; during this period she experienced improvement in mental health and went back to finish school:

I: “...do you remember the first time you ended up without permanent housing?”

P: “Yeah. Well, it was after this, so I stopped getting half depressed and decided to go back to school and, I don’t really know why, like I ended up staying at my friend’s house. She just had a kid too, and she was really young. So I felt like, we could support each other, so then I started staying there...” (1011, Female, TAU, Unstably Housed).

Physical Integration

Physical integration refers to the “extent to which an individual spends time, participates in activities, and uses goods and services in the community outside his/her home or facility in a self-initiated manner” (Wong & Solomon, 2002, p.18). Participants indicated that a big part of being physically integrated is being stably housed, and the following themes that emerged reflected this finding.

Theme 1: “I feel like...if I had a group I was involved in [or] something? But...I’m not really sure how that works...” – Lack of knowledge of *how* to get involved is a barrier to getting out in the community and participating – in HF4Y.

Many participants in HF4Y had reached a point where they were stably housed, either employed or looking for employment, had left behind negative relationships or were in the midst of this process and had reached some level of stability that was not present prior to the program. In their conversations during interviews it emerged that they were looking for ways to fill their time whether this involved volunteering, starting up a hobby, joining a team or doing *something*:

“I feel like if...I had a group I was involved in [or] something? But how does that—I’m not really sure how that works ‘cause... that’s not really like, anyone’s job other than myself. Like I could go find the youth group or something to be involved in, but that’d be like, or some sort of like, um... volunteer group, but that’s really on myself, I guess, just to feel a part of the community.” (1001, Male, HF4Y, Stably Housed).

Participants expressed these desires as something they would like to do but had not taken action towards. They were very keen on what social service resources to access and less knowledgeable on other ways of getting involved or socializing within the community. The following participant expressed wanting to go to school but not having the relevant knowledge about the process:

“Um... no. I think the biggest thing is like... I’m not receiving support I need to get there, it’s just like, I don’t really know... like fully well, how to get there, you know? I don’t – I’m not familiar with the whole school process, there’s a lot of things that I could use help with. ‘Cause I’m like, pretty scared about the whole school thing.” (1001, Male, HF4Y, Stably Housed).

Income-support and mental health services were the most accessed service by the youth (e.g., CMHA, ODSP, OW). While some have expressed a desire to doing something different with their time, or have stated they would like to do something in the community (i.e. one participant stated they would like to join a community youth group), not knowing *how* to do so is the missing link to take that expressed desire and turn it into action.

Theme 2: No Physical Integration when you’re homeless – in HF4Y and TAU.

Majority participants in both study groups expressed unstable housing as a significant barrier to physical integration for them, whether in the present (for TAU) or when talking about past instances of unstable housing. One participant articulates this sentiment clearly:

“...the worst thing about being homeless is the like...small things, every day things. The biggest thing like in general, is...you don’t have the opportunity to like start in a... in a place where you can like go to school or whatever, like... when you’re homeless you’re not thinking about like how you’re gonna go to college or whatever. But if you’re living in like a stable house, like you can obviously plan your life and stuff, but when you’re homeless you’re never like planning anything, except for... that day.” (1001, Male, HF4Y, Stably Housed)

Theme 3: Physical integration necessary to achieve future goals – in HF4Y.

The majority of participants in HF4Y demonstrated that some form of physical integration is necessary to reach their future goals. Physical integration was expressed as going back to school, finding employment or engaging in community organizations with the goal of going on to higher education, establishing a career or finding organizations in the community they are passionate about:

“...my whole life I wanted to be a police officer...so I wanna like, try to...do something more with that, you know? So I’ve kinda been interested in college for police, for policing and stuff like... doing something more with...that side of my life.” (1001, Male, HF4Y, Stably Housed).

Psychological Integration

Psychological integration is the “extent to which an individual perceives membership in his/her community, expresses an emotional connection with neighbors, and believes in his/her ability to fulfill needs through neighbors, while exercising influence in the community” (Wong & Solomon, 2002, p. 19).

Theme 1: “My life was always tough, felt like an outsider” – Experiences of housing instability an isolating factor – in HF4Y and TAU.

Some participants in both study groups experience feelings of being an outsider as a direct result of their experiences with housing instability. They express a desire to feel a part of the community, that they currently feel like an outsider, and that they most feel a sense of community with people who share in their experiences (i.e. experiences in housing instability and street life). One participant expressed feeling different when around ‘normal’ people due to what they have had to do to survive on the street and the ensuing experiences which make it difficult for others without these experiences to understand:

“... I don’t really feel like that normal when I’m around like normal people I guess...I don’t think I’m crazy or anything but I do think that the way I react to stuff and that like a lot of people tell me that things that I think are okay are not okay, but it’s just like what I’ve been around...like being like all over the place and not, like that I haven’t finished school like people think stuff like that is not normal. Like having charges, like selling drugs in my past or whatever like just all that type of stuff people are like ‘That’s not really normal.’ And I just kind of think well like I don’t know like how else am I supposed to live?” (1015, Female, TAU, Unstably Housed).

Participants express that feeling like an outsider can occur within natural support relationships (relationships that are a consistent, reliable form of social support):

“I’m lucky to have my girlfriend in my life, but it’s also like kinda hard because I don’t know like, everyday... I don’t feel like, there’s anyone there that I can even really, that’s gonna like understand that, you know?...like I can’t talk about what it was like to being homeless so many times, or like not have a home to even live at, you know?” (1001, Male, HF4Y, Stably Housed).

Feeling like an outsider in both significant social support relationships and with community members can be a very isolating factor.

Theme 2: “Day-to-day there’s nothing that I really look forward to” - in HF4Y.

After entering into the program and being housed, many participants in HF4Y describe their day-to-day as missing a sense of purpose. They state that they don’t have anything to look forward to and often times their life can feel without direction: *“Um, I know how sad this sounds but I don’t really look forward to anything anymore...Well I look forward to certain events that*

are coming up, but day to day there's nothing that I really look forward to." (1007, Male, HF4Y, Stably Housed)

Theme 3: Difficulty opening up and trusting others – in HF4Y.

Many participants in HF4Y express their difficulty in opening up to others and building trust in relationships:

"Oh, cause my-my emotions are on locked...My emotions are on lock. There's a brick wall...So in myself I know that there's deep down, there's so much left I wanna say to people like there's so much you know, but I keep that on lock because other people have problems too you know...I'm still broken inside you know. So it's like, that's the obstacle I'm facing right now so, yeah." (1002, Male, HF4Y, Stably Housed)

Theme 4: Psychological Dis-integration – Unfulfilled needs, no sense of membership and feelings of exclusion – in HF4Y

Many participants in HF4Y are experiencing profound psychological dis-integration in the form of feeling isolated or socially excluded from multiple communities, and feeling that they cannot rely on others to fulfill needs, and that both cause feelings of loneliness and exclusion. A multitude of factors are the cause of this dis-integration including: (1) discrimination and stigmatization from community members to participant's identity (i.e. identifying as transgender) and to experiences, especially substance use, housing instability and being on disability; (2) feeling excluded from within their own community, this was relevant only to participants who identified as trans and felt excluded from within the LGBTQ community; (3) no sense of belonging to the larger community; (4) and feeling strong emotional ties to people from street life. Participants expressed these sentiments clearly: *"I'm not attracted anymore for doing stuff for community. The community doesn't do nothing for me...I'm being charged by the fucking community...this is not a community for me."* (1003, Male, HF4Y, Unstably Housed).

“... they were like um, telling me towards the end that if I don’t stop like smoking [weed] and stuff and like... that I can’t live with them. So it’s just like, my housing wasn’t stable...they made me sit at their kitchen table and say, “we need to hear you say like ‘I am an addict’ before we can help you”...” (1001, Male, HF4Y, Stably Housed)

Theme 5: Improved Mental Health due to Stable Housing – in HF4Y

Many of the participants in HF4Y stated their mental health improved after being stably housed due to a variety of reasons including having more control over their lives, improved physical health (i.e. improved quality of sleep), less anxiety and stress due the stability that comes with permanent housing:

“[My well-being is] definitely a lot better... I [sleep] properly-ish now...I used to go like a day and a half, almost two without sleeping... I was just snapping at everything for some reason like I’d get really mad and irritated... so uh yeah my mood is definitely a lot better. I walk around a lot happier so I can sing along to my music.” (1006, Male, HF4Y, Stably housed)

“Ya, it was surprising how quickly I started to feel better once we were in our own place. Like, it, it felt like a weight was lifted off of my shoulders. Hum... Ya, I didn’t realize like, I knew it was bad, I knew that being there was really hard for me and it wasn’t, it was making my mental health worse, but it wasn’t until we moved out that I realized how bad it was and how much it affected me and my mental health, and my physical health. So... We’ve been really happy to have our own place.” (1000, Female, HF4Y, Stably Housed)

Other Themes

Theme 1: Lack of money a barrier to stable housing and subsequently to integration on two levels – physical and social – in TAU.

One of the most consistent themes in the TAU group is the importance of money in the context of two types of integration: physical (buying a house, renting an apartment, getting a higher education, getting involved in community activities) and social (spending time with others, settling down with a family). Participants mention money as a current struggle, a barrier

to obtaining housing, and a key factor to helping them obtain their future goals: I: “...*do you still do things in the community? You mentioned earlier Pathfinders and a church group.*”, P: “*Nope, not anymore. I’m trying to, but to be honest, everything costs money.*” (1011, Female, TAU, Unstably Housed).

“To be honest it’s mostly just money...I guess that’s pretty much what we need for everything...You can’t like really do anything in life without money at all. I have to give first and last month’s rent and buy furniture and like all the stuff, like everything just comes to money. If you want to eat, you have to have money. Like nothing in life is really free.” (1015, Female, TAU, Unstably Housed)

Theme 2: Housing instability and lack of physical, psychological and social integration in early life a factor for similar patterns in adolescence – in HF4Y and TAU.

The majority of participants in both study groups experienced housing instability in early childhood including changing homes multiple times, being placed in foster care, moving between provinces or parents separating. During these periods participants describe profound experiences of disintegration on all three levels including interruption in education (changing schools multiple times; long periods of being out of school), feeling isolated and lonely in family environment due to parental substance use or parental neglect, and physical, verbal or sexual abuse in the family home. These youth experienced a disruption in their physical, social and psychological integration so early in their childhood, and similar patterns can be seen in adolescent and young adulthood. These similar patterns can be seen on all three levels of integration: experiences of housing instability, dropping out of secondary school, selling drugs for income (physical disintegration); feeling like an outsider in relationships and to the larger community (psychological disintegration); trusts issues and difficulty opening up, ongoing

negative familial conflict, and unstable relationships with partners or friends (social disintegration):

“...my Mom she didn’t really ever take care of us, like she would just kind of leave us all the time so I was kind of used to always just like being at my neighbours...just the stuff she exposed me to I guess like drugs and drinking and pretty much everything like that. Just like I don’t know, yeah. I feel like sometimes her lifestyle kind of became like my lifestyle as I got older.” (1015, Female, TAU, Unstably Housed)

Discussion

Findings

Quantitative. The quantitative findings showed that social support increased over 6 months for both study groups, particularly in the areas of significant other and family support. The MSPSS friends subscale was the only form of support that was non-significant over 6 months.

Looking at how much participants physically integrated into their communities over 6 months, the CIS physical dimension revealed a non-significant value for time.

Participants may have experienced increased membership in their community and an increased emotional connection to community members over 6 months, as revealed by the significant value of time for the CIS psychological dimension.

No outcome measure – social support or community integration - was significant between study groups over 6 months.

The demographic variable ‘Country of Birth’ was the only group difference at baseline. Since this was a factor that could affect the outcomes between groups, it was controlled for in a

second run of analysis found in Table 6. By including ‘country of birth’ as a covariate in the analyses, I was able to evaluate the differences between study groups on social integration outcomes while controlling for the influence of the demographic variable. As such, the effect of time went away after controlling for ‘Country of Birth’. It is possible that the variable ‘Country of Birth’ may be having a moderating effect, however given the small sample size there is not enough power to explore this effect further or do subpopulation analyses.

Qualitative.

Social Integration. The majority of the themes regarding participants’ social network and their engagement with community members centered around social support, or lack thereof. Many participants in HF4Y who were stably housed experienced both distance from past friend groups or individuals and difficulty forming new relationships – although the latter was also applicable to HF4Y participants who were not stably housed. A few participants in both groups who were in touch with their friends expressed that money was a factor in maintaining relationships, and a lack of money was a barrier for engaging in social opportunities with friends, especially if they were trying to save and spend less. Relationships with service providers, siblings, friends and significant others were the most reliable and consistent form of social support for majority participants in both HF4Y and TAU. At the time of interview, family members were not a dependable form of social support for majority participants in both groups. When discussing their past, some participants in both groups revealed that times wherein at least one relationship was a form of reciprocal social support, it contributed to temporary physically integration, even if they were unstably housed.

Physical Integration. The biggest theme regarding HF4Y participants’ ability to physical integrate into their community, reflected a desire to get involved but a lack of knowledge on how

to do so. Majority of participants in both groups expressed that unstable housing is without a doubt a barrier to physical integration – this was reflected in discussions of past and current experiences of unstable housing. The majority of HF4Y participants expressed that physical integration is a necessary step towards reaching their goals.

Psychological Integration. The themes that emerged reflected participants' perceived membership and belonging in the community and their emotional connection with community members. Some participants in both study groups expressed feeling like outsiders due to their experiences with unstable housing in the past. Several participants in HF4Y expressed a lack of purpose in their day-to-day, or not having anything to look forward too on a daily basis. Many HF4Y participants expressed difficulty opening up to or trusting others, as well as feelings of isolation and exclusion from communities, and feeling that they cannot rely on others to fulfill needs. After being stably housed, many HF4Y participants noted feeling improved mental health.

Other Themes. For participants in TAU, lack of money was a barrier on two dimensions of integration: physical (e.g. renting an apartment) and social (e.g. spending time with others). Lack of integration on all three levels in early life seemed to be a factor for similar patterns into adolescence for majority of participants in both groups.

Both quantitative and qualitative findings around social integration showed improvements in social support over time, and that relationships with service providers, siblings, partners and friends were important sources of social support. However, the qualitative data revealed that family members were not a consistent or reliable source of social support, which seems to contradict the significant results from the MSPSS family subscale in the quantitative results. It is important to remember that 'family' to youth can mean siblings, significant others or partners, and does not necessarily reflect parents or guardians. In fact, almost all participants in

both groups described some form of conflict or disconnection with at least one family member in their life.

Quantitative findings also showed friends as a non-significant form of support for participants in both groups. This finding was interesting as the narrative interviews reflected both positive and negative themes with regard to participants' friends and social network. Friends were expressed as being an important and reliable form of emotional (e.g. being able to talk about problems) and practical (e.g. couch surfing, lending money) support for both groups, but HF4Y participants expressed feeling distanced from their friend groups after being stably housed and not being able to connect or form new relationships. One explanation could be the variability in the timing for the narrative interviews, which occurred at different times for different participants, and so the HF4Y participants who were interviewed may have been in different stages of the program (See Appendix E). Overall, siblings, friends and significant others are a significant form of natural supports for youth, however, once youth are stably housed there is a tendency for them to feel distanced, isolated or disconnected from their friend groups.

The themes that emerged under physical integration in the narrative interviews helped expand on the findings from the quantitative CIS physical integration subscale, which showed that HF4Y participants did not physically integrate into their communities over 6 months. The majority of HF4Y are ready to integrate (e.g. join a sports team, volunteer, get more involved with the community, pursue higher education), however a knowledge gap on *how* to go about doing so seems to be a barrier. Additionally, the majority of HF4Y participants talk about physical integration in the distant future, as opposed to viewing it as something achievable in the present or near future. One factor was money, which participants in *both* groups expressed as being a barrier to activities or getting involved in the community. Overall, while HF4Y

participants recognize that physical integration is necessary in achieving their goals, a knowledge gap on how to do so may have led them to talk about physically integrating into the community as being more plausible in the future.

The themes that emerged under psychological integration included HF4Y participants expressing not having anything to look forward to on a daily basis but having a desire to do something with their time. This connects with the themes found under physical integration which demonstrated a lack of knowledge on how to physically integrate in the present (e.g. apply for school) to reach their future goals (e.g. get a bachelor's degree).

Other studies that have followed youth after they had obtained stable housing have found that that enhanced support is required after youth exit homelessness to help youth socially integrate and build their lives in mainstream society (Kidd et al., 2013; Kidd et al., 2016; Roy et al., 2016; Thulien et al., 2018; Thulien et al., 2019). The HF4Y program is designed to provide built-in supports that are developmentally tailored to help youth exit homelessness and socially integrate into mainstream society (Gaetz, 2017). Quantitative analyses in the present study found an effect of time for both groups on outcomes over 6 months; however, no effect of the program on social integration was found over the time interval.

Overall, these findings suggest that more time may be required for an outcome such as social integration to show improvement; however, an analysis of findings from both data suggest that a focus on: (1) increased resources around knowledge that can lead to action towards community involvement or goal achievement; and (2) more focus on building the natural supports in participants' lives; as well as (3) continuing to build strong relationships between service providers and participants, can be highly beneficial to physical integration, mitigating

feelings of isolation or loneliness, improved well-being and an easier transition to independent living.

Social integration is not a quick process but one that requires a considerable amount of support, particularly for youth (Thulien et al., 2019). While the short timeframe – 6 months - certainly may have been a primary reason why no changes were seen between study groups in outcomes, another important reason is the different subpopulations of youth that experience homelessness. The intersecting experiences of youth, from different backgrounds, who experience homelessness should not be overlooked. Some of the groups reviewed here may have more difficulty socially integrating due to conflict at home, discrimination in services, past trauma and experiences of oppression. Given that controlling for the variable ‘Country of Birth’ took away the effect of time in the ANOVA analyses, one interpretation is that groups such as newcomer youth, who are born outside of Canada, may be at a disadvantage. Newcomer youth report higher rates of multiple experiences of homelessness (Gaetz et al., 2016), and so special attention to this group may be beneficial in finding ways to better help them integrate socially. Overall, study findings emphasize that a lack of social integration is a very real issue in the lives of current and formerly homeless youth.

Implications for Service Providers

While participants in the HF4Y program demonstrated a desire for physical (i.e. going back to school, joining community groups), social (more connections or people they can rely on for social support) and psychological (i.e. feeling a sense of belonging to the larger community) integration, there seems to be a knowledge gap among youth on *how* to go about achieving these types of integration. This is an important finding for those in the social service sector who currently work with youth as knowledge is an important link to then taking action. Additionally,

it is important to recognize that those who work with youth may be aware of the importance of this level of support but do not have the resources to provide it.

Revisiting our operationalized definition of empowerment, knowledge and subsequently competence are important steps to taking action towards one's goals, as seen in the empowerment process model (Cattaneo & Chapman, 2010). Looking at Figure 2 below, both knowledge and competence have been highlighted. These are two areas wherein, based on this study's findings, it will be most beneficial for programs, practitioners and social service providers to focus resources for the youth they work with. Youth need to *feel* that they can accomplish their goals (self-efficacy), identify a course of action (knowledge) and know what skills are required (competence) (Cattaneo & Chapman, 2010) before any steps towards action can be taken.

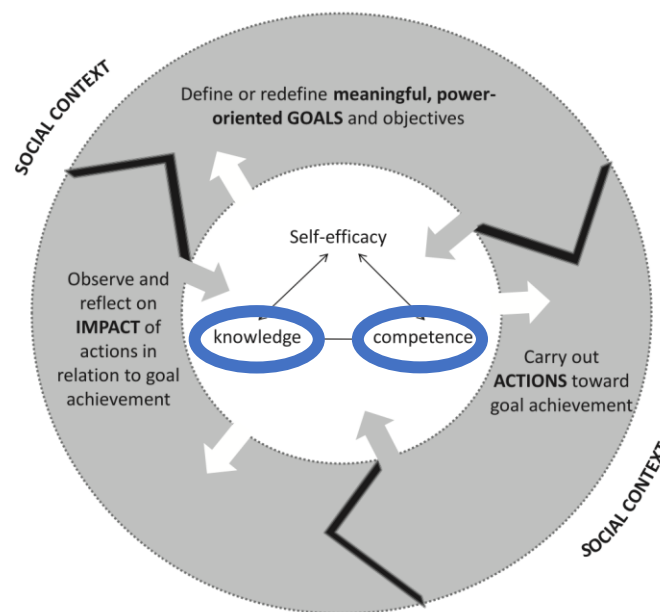


Figure 2. The Empowerment Process Model (Cattaneo & Chapman, 2010)

A number of participants in HF4Y had distanced themselves from negative relationships, the majority of which included familial relationships due to ongoing conflict and trauma in the past. Since positive family connections can be a protective factor for youth (Daniel, Wassell &

Gilligan, 1999) perhaps increased focus on social support, especially in the first year of the program wherein these participants are expressing feelings of isolation or loneliness, can be beneficial. One way is to help youth identify other relationships in their life that can remain as a form of natural support and focus on building a secure emotional base, which can be instrumental in positive development (Daniel et al., 1999), as they transition to life in stable housing. Since connections with social service providers were found to be an important form of social support for these youth, the relationships they build with their workers in the first year of the program can be helpful in mitigating feelings of isolation and exclusion.

Participants expressed that good relationships with their workers were a form of social support, as well as the support they received from natural supports (friends, siblings and partners). Social support from positive relationships with service providers and natural supports in the participants' lives may have alleviated feelings of isolation and exclusion from the larger community. The implications of this finding highlight the necessity of social support as a key factor to both integration and positive well-being, particularly during the time period after immediately attaining stable housing since participants have to develop new relationships.

Limitations of the Current Study

There were several limitations to this study. The first is that the sample size was not determined a priori. A post-hoc power analysis revealed that while the full projected sample size of 100 (50 participants per study group) has sufficient power to detect change in some of the outcomes, the current sample is not sufficiently powered (Table 3).

There were limitations in the measures used for the quantitative data, particularly for the physical dimension of the CIS scale. This dimension focuses on physical participation in the community (e.g., In the past month, have you participated in a community event?) and may not

consider the virtual component to physical integration (e.g. social media, online community groups) which youth constantly have access to in some form. The CIS psychological dimension similarly focuses on interactions with people in the participants immediate neighbourhood and surroundings (e.g. I know most of the people who live near me) and could benefit from questions regarding virtual interactions which are more representative of how youth connect with others.

Randomization may not have worked, as there was a baseline difference between groups regarding which country participants were born in, with 75% of participants born outside of Canada in HF4Y and 25% randomized to TAU.

Participants in TAU may have had access to equivalent services in the community since Ottawa has fairly comprehensive programs for youth in the community. There may be youth in the TAU group who accessed housing and support services regularly, which can decrease between-group differences.

The follow-up period used (6-months) may not have been long enough to show both changes in time and changes between groups. Given that participants are housed at different times, this follow-up period may not have been enough time to capture not only the benefits that come from being stably housed, but the secondary benefits that occur as a result of stable housing such as social integration, which is a process, and would generally take longer for changes to occur.

Additionally, the variability in timing for qualitative interviews (See Appendix E) could have affected the themes that emerged from the narrative interviews given that HF4Y participants were in different stages after being stably housed, with two participants having not received stable housing during the time of the interview.

Summary and Future directions

While the study did not find an effect between study groups based on the quantitative data, there was an effect of time on outcomes. The qualitative findings revealed the complexity of the process of social integration, which certainly is not a rapid or linear process. This complexity is not surprising given the studies reviewed earlier in this thesis which discuss the challenge and intricacies of socially integrating youth who exit homelessness due to a variety of factors (e.g. socioeconomic status, experiences of oppression). This study found three key findings that could be highly beneficial for the program to implement: (1) a focus on increasing the knowledge gap for participants on how to integrate physically, with a focus on meaningful and specific goals; (2) building *existing* natural supports; (3) that social support from service providers with which the youth develop close relationships is a key factor in mitigating feelings of isolation and loneliness. All three findings may help to integrate participants on all three levels into the community alongside improving their well-being; the end goal is to provide a smooth transition to independent living.

Future directions could include analyzing the survey data within a longer timeframe (i.e. at the 1 or 2-year mark) to look for any changes in a time by group comparison and examining effects on subpopulations, like newcomer youth. Using the full sample of the study (N=100) is also recommended for increased power and generalizability of findings. Future research could compare the effects of the HF model on social integration for different subpopulations of youth, such as Indigenous, racialized or LGBTQ2S groups, and on how different communities – such as newcomers – experience social integration. Additionally, the larger study could look more closely at newcomer participants. For example, some questions from narrative interviews can be

directed towards participants born outside of Canada to gauge their experiences with integrating more closely.

Knowledge Translation

Since this study is nested within the larger study of the HF4Y project, it is important that the research findings are made available to the participants, community partners and researchers involved in the project. This study aims to contribute to existing literature on social integration and homeless youth. I intend to publish these findings in community psychology journals as well as share them at community psychology related conferences. Plans have been made to work with one of our community partners, the COH, to present the findings in the form of community presentations. Additionally, meetings have been set for March 2020 to present findings to both the MtS research team and the case managers for the HF4Y program. The goal is to work with both the research team and case managers to improve where to best focus resources. These methods of knowledge translation will be used to help inform the ongoing development of programming. This study will hopefully shed light on the importance of successful intervention models for youth experiencing or at-risk for homelessness and its influence on social integration.

Conclusion

Social integration of youth experiencing homelessness is a complex process that relies on numerous factors including housing stability and appropriate supports tailored to the developmental needs of youth. While quantitative results showed no effect of time or time by study group for social integration within 6 months, a longer timeframe may be necessary in order to see changes in these outcomes. Qualitative data revealed that participants in HF4Y can benefit from increased social support as it may alleviate feelings of isolation and exclusion that

participants may feel early in the program. More knowledge about how to get involved in the community and steps they can take can also be beneficial for participants' physical integration. While both social support and community involvement are already integrated into the HF4Y program, an increased emphasis on both during the first year of the program may be particularly beneficial.

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Appendix A: Community Integration Interview Guide**BASELINE AND FOLLOW-UP****YOUTH PARTICIPANT NARRATIVE INTERVIEW GUIDE****HOUSING FIRST FOR YOUTH DEMONSTRATION****PROJECT****Introduction*****[Complete informed consent]***

This interview is an opportunity for you to tell the story about your experiences. We're interested in learning about what life has been like before and after you started living on the streets or couch-surfing, or living in a shelter. You've been asked about some of these issues in the previous interviews. This interview is an opportunity for you to share those experiences and to talk about your life using your own words. All of this will help us learn how the project works, so we can help make lives better for people who have been homeless. Take the time you need. For most people it takes about XX minutes, but how much time we take to do the interview is up to you. We can take a break if you wish.

Just as a reminder, please be aware that your participation in the study is completely voluntary. You can decide not to participate, to withdraw your participation at any time, and to skip any questions that you do not wish to answer. Also, your decision to participate or not participate will not affect the services or support you receive. You may find some of these questions sensitive or disturbing. We will only proceed with the interview today if you feel comfortable doing so. We are interested in hearing about your life. Please keep in mind though that this is a research interview and not a clinical or therapeutic interview. If you do have concerns and questions about resources or support, we will be able to provide you with information after the interview. We will hold everything that you say in confidence. Please note that your name will not be associated in any way with your responses. You will receive a written summary of the findings when the research is completed.

Do you have any questions before we get started? I'm going to start the recorder now – is that still okay with you?

Theme 1: Pathways into Homelessness (or Precarious Housing)**a. Life before Homelessness**

Tell me please what life was like before you started living on the streets or in a shelter. (probes: relationship at home; friendships; activities/accomplishments (e.g. school); health and well-being (including using substances)).

b. How the Person First Became Homeless

Now, I'd like to hear the story about how you first became homeless, and what kinds of things may

have contributed to that.

(probes: things having to do with the health of your relationships or your own health or well-being; things having to do with your experiences with systems or services, e.g. school, foster-care; experiences with things like poverty and discrimination)

c. **Recurrent Experiences of Homelessness**

Have you been homeless more than once? If so, tell me please about your most recent experience of becoming homeless. (probes: how you found your most recent housing before you lost it; issues that prevented you from keeping that housing or securing new housing)

Theme 2: Life on the Streets or in a Shelter

Now, I'd like to talk about what life has been like for you while you've been living on the streets or in a shelter, or while you've been unstably housed.

a. **Typical Day**

First of all, I'd like you to tell me about what your average day is like. For example, if yesterday was an average day, tell me about what your day was like.

(probes: where did you sleep, where did you go, who did you meet or hang out with, what did you do?, etc.)

followup interview: ask how the person's typical day may have changed since we talked last

b. **What your life is like**

Next, I'd like to tell me about how your life is going in relation to these things:

- i) personal well-being (health, mental health, addictions)
- ii) coping skills (ability to cope with problems or difficult situations, general life skills)
- iii) relationships (with family, with friends or people you hang out with on the street, other places you belong)
- iv) significant activities (work, school, other meaningful activities)

followup interview: ask how has your life changed (if at all) since we last talked (in general, in relation to outcome domains of interest)

What's the hardest thing about living on the street?

What keeps you going?

c. **Services, Supports, and Community Organizations**

Now, I'd like you to tell me about the services, supports, or community organizations that you have used while living on the streets or in a shelter, or while you've been unstably housed.

- i) Which ones do you use?
- ii) What's most helpful?
- iii) What's less helpful or needing improvement?

(Probe for impacts or lack thereof on: well-being; coping skills; relationships and belonging; education/employment or significant activities)

followup interview: I'd like you to tell me about the support you've used since we've talked last. (helpful, less helpful, impacts on various outcome domains)

d. Experiences with Housing

Now I'd like you to tell me more about your experiences with housing during the period of time when your housing situation has been unstable.

(probes: places lived [quality, safety, support]; relationships with landlords, superintendents or neighbours; experience of stigma, discrimination or other barriers in relation to services and housing; any positive experiences)

followup interview: I'd like you to tell me about your housing situation since we've talked last (positives, negatives including rehousing, impact of housing situation on various outcome domains)

Theme 3: Your Vision for the Future**a. Vision for your life in the future**

Finally, I'd like you talk about how, ideally, you envision your life in the future (probes: personal well-being; relationships and belonging; education/work, etc.)

b. Ideal housing and support

Now, I'd like you to talk about what would help you get there.

- i) what would your housing situation look like?
- ii) What kind of support would you need?

Only for those in the housing first intervention – What do you think of the Youth Housing First intervention project in which you will be involved?

(probes: hopes, fears, challenges)

Appendix B: Community Integration Scale (CIS)

The next 7 questions are about things you might be doing in your broader community. We understand that just because you might not be doing these activities in your community, that doesn't mean that you aren't connected to it in other valuable ways. Here the answers are no, mostly no, somewhat, mostly yes.

In the **past month**, have you... Attended a movie or concert?

No	Mostly no	Somewhat	Mostly yes
----	-----------	----------	------------

Participated in outside sports or recreation?

No	Mostly no	Somewhat	Mostly yes
----	-----------	----------	------------

Gone to meet people at a restaurant or coffee shop?

No	Mostly no	Somewhat	Mostly yes
----	-----------	----------	------------

Participated in a community event?

No	Mostly no	Somewhat	Mostly yes
----	-----------	----------	------------

Gone to a place of worship or participated in a spiritual ceremony?

No	Mostly no	Somewhat	Mostly yes
----	-----------	----------	------------

Participated in a volunteer activity?

No	Mostly no	Somewhat	Mostly yes
----	-----------	----------	------------

Gone to a library?

No	Mostly no	Somewhat	Mostly yes
----	-----------	----------	------------

These last 4 questions are about how you feel about where you live. Here the answer choices are from 1 to 5, where 1 = Strongly Disagree and 5 = Strongly Agree.

I know most of the people who live near me.

1 – Strongly Disagree	2 – Disagree	3 – Neither	4 – Agree	5 – Strongly Agree
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I interact with the people who live near me.

1 – Strongly Disagree	2 – Disagree	3 – Neither	4 – Agree	5 – Strongly Agree
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I feel at home where I live.

1 – Strongly Disagree	2 – Disagree	3 – Neither	4 – Agree	5 – Strongly Agree
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I feel like I belong where I live.

1 – Strongly Disagree	2 – Disagree	3 – Neither	4 – Agree	5 – Strongly Agree
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Appendix C: Multidimensional Screener of Perceived Social Support Scale (MSPSS)

We are interested in how you feel about the following statements. Read each statement carefully. Indicate how you feel about each statement.

1. There is a special person who is around when I'm in need.
 - Very strongly disagree
 - Strongly disagree
 - Mildly disagree
 - Neutral
 - Mildly agree
 - Strongly agree
 - Very strongly agree
2. There is a special person with whom I can share joys and sorrows.
 - Very strongly disagree
 - Strongly disagree
 - Mildly disagree
 - Neutral
 - Mildly agree
 - Strongly agree
 - Very strongly agree
3. My family really tries to help me.
 - Very strongly disagree
 - Strongly disagree
 - Mildly disagree
 - Neutral
 - Mildly agree
 - Strongly agree
 - Very strongly agree
4. I get the emotional help & support I need from my family.
 - Very strongly disagree
 - Strongly disagree
 - Mildly disagree
 - Neutral
 - Mildly agree
 - Strongly agree
 - Very strongly agree
5. I have a special person who is a real source of comfort to me.

- Very strongly disagree
 - Strongly disagree
 - Mildly disagree
 - Neutral
 - Mildly agree
 - Strongly agree
 - Very strongly agree
6. My friends really try to help me.
- Very strongly disagree
 - Strongly disagree
 - Mildly disagree
 - Neutral
 - Mildly agree
 - Strongly agree
 - Very strongly agree
7. I can count on my friends when things go wrong.
- Very strongly disagree
 - Strongly disagree
 - Mildly disagree
 - Neutral
 - Mildly agree
 - Strongly agree
 - Very strongly agree
8. I can talk about my problems with my family.
- Very strongly disagree
 - Strongly disagree
 - Mildly disagree
 - Neutral
 - Mildly agree
 - Strongly agree
 - Very strongly agree
9. I have friends with whom I can share my joys and sorrows.
- Very strongly disagree
 - Strongly disagree
 - Mildly disagree
 - Neutral
 - Mildly agree
 - Strongly agree

- Very strongly agree
10. There is a special person in my life who cares about my feelings.
- Very strongly disagree
 - Strongly disagree
 - Mildly disagree
 - Neutral
 - Mildly agree
 - Strongly agree
 - Very strongly agree
11. My family is willing to help me make decisions.
- Very strongly disagree
 - Strongly disagree
 - Mildly disagree
 - Neutral
 - Mildly agree
 - Strongly agree
 - Very strongly agree
12. I can talk about my problems with my friends.
- Very strongly disagree
 - Strongly disagree
 - Mildly disagree
 - Neutral
 - Mildly agree
 - Strongly agree
 - Very strongly agree



Appendix D: Informed Consent Form

Study Information & Consent Form: Youth Participants

Research Project: “Housing First for Youth Demonstration Project”

Researchers:

Dr. Stephen Gaetz, Professor, York University, Canadian Observatory on Homelessness

Dr. Ashley Ward, Lead Researcher, Canadian Observatory on Homelessness

Sponsors: Funding for this study is provided by the Government of Canada (Employment & Social Development Canada, Youth Employment Strategy), and is being implemented through a partnership between A Way Home Canada, the Canadian Observatory on Homelessness, and local partner agencies including Youth Services Bureau, Canadian Mental Health Association Ottawa, and John Howard Society.

WHAT IS THE STUDY AND WHY ARE WE DOING IT?

We are doing a study of Housing First for Youth (HF4Y), an approach to help young people exit homelessness quickly, or avoid homelessness altogether, by providing housing and support. Housing First has been demonstrated to work for adults. We want to understand how well this approach works for youth ages 16 to 24, including youth who are most at risk of becoming and staying homeless. In Toronto, the study focuses on young people leaving the child welfare system. In Hamilton, the study focuses on Indigenous young people who are homeless. In Ottawa, the study focuses on young people who are between the ages of 18-24 years, are currently homeless or precariously housed, have a moderate risk of experiencing future homelessness. The results gained from this study may help to improve services for young people experiencing homelessness across Canada.

WHAT WILL HAPPEN AND WHAT WILL I BE ASKED TO DO DURING THIS STUDY?

A total of 80 people will participate in the study. In order to determine if and how the housing and support model works, we need to compare people who are receiving the Housing First approach with people who are not. As part of the study, half of these people will receive support services and a housing allowance together with

assistance finding and keeping their housing. The other half will not receive any new long-term services or a housing allowance, but will receive short-term referral support.

If you are eligible for the study, and you agree to participate, you will be randomly selected to receive or not receive the new support services and housing allowance. This selection will be done completely by chance. Neither the program staff assisting you, nor the Research Assistants, know what group you will be assigned to.

Whether you are in the group that receives housing and supports or not, everyone who participates in the study will be interviewed every three months for about 12 months total. You will be asked questions about your housing situation, physical and mental health, use of drugs and alcohol, employment and education, and relationships with others. All of this information is kept confidential – meaning that any information collected about you is made anonymous and cannot be traced to you. Program staff do not have access to information collected about you through research.

If you are assigned to receive support services and housing (Housing First), you will receive a housing allowance, assistance with finding and keeping housing, and other supports. The support offered is in the areas of: personal well-being (relating to substance use and mental health), education or employment, and relationships. These are voluntary, although you do have to agree to an appointment with a support worker once a week. You will have choices about where you would like to live, amongst a range options. You will receive the support services and housing allowance until March 31, 2019. Before then, we will work with you to develop a plan to make sure you will continue to have adequate housing and supports after the study ends. It is possible that you will have to move at the end of the study.

If you are not assigned to receive Housing First, you will still be able to use any of the services that you use now. Being in the study will not affect your ability to obtain any other services that are currently available or that become available to you in the future. We will give you information about health care and housing services that already exist in your community for young people who are homeless, or are at risk of becoming homeless.

No matter which group you are randomly assigned to, if you agree to participate in the study, we will interview you and provide you with a survey to complete anonymously. The interview and survey will take up to 90 minutes. After that, someone will contact you every 3 months to complete the research protocol. These appointments will include an interview with an RA, and some surveys that you will complete alone or with the assistance of a Research Assistant. The surveys will be done by paper or on a laptop computer. As well, we will ask you to contact us once a month to give us a quick update about your living situation.

Qualitative Interviews

You may also be asked to participate in some additional interviews so that we can hear more about your experiences and stories in your own words. If and when that happens, we will give you more information at that time so that you can decide whether or not you want to participate in this extra part of the study.

Study follow-up

If you agree to participate in the study, we will ask you to give us the **names and contact information** of friends, relatives, service providers, local agencies or other people who might know where you are if we are not able to get in touch with you when it is time for your interview. We will only be asking these people about your location and contact information when we don't know where you are and are trying to find you to schedule another interview. We will tell these individuals that we are trying to get in touch with you for the purpose of a research study but we will not give them any details about the study or any of the information you have provided in interviews.

WHAT ARE THE PROS AND CONS OF THIS STUDY?

If you are randomly assigned to the Housing First group you will receive a rental allowance and support services until March 31, 2019, and possibly beyond but only if continued funding becomes available.

People who are not assigned to this group may not benefit directly from participating in the study. However, we are conducting the research because we plan to use the results to help prevent youth homelessness in the future. We hope that in the long run young people experiencing homeless in other communities across Canada will benefit from the changes made because of the study findings.

A potentially negative effect of participating is that you may become emotionally upset by some of the questions or it may be difficult to talk about some of your experiences. You do not have to answer every question and you can ask to stop the interview at any time. If you feel upset in any way, either during the interview or after, please tell someone, such as the person interviewing you, or if you have one, the Youth Worker/counselor at the agency/organization that hosts the interview. They will talk with you and make sure that you get help.

CAN I DECIDE IF I WANT TO BE IN THE STUDY?

It is totally up to you if you want to be in the study. If you choose not to participate in the study, it will NOT affect access to services at the agency/organization that hosts the conversation, or any other community agency. If you decide to participate, you can still refuse

to answer any questions, or stop the interviews at any time, and still receive the promised compensation for the research interview.

If you are in the Housing First group, you will not lose your housing or services even if you decide at some point that you do not want to continue participating in the study. Although you can withdraw from the study at any time regardless of which group you are in, the information you have provided us up until the time that you leave the study will still be kept for research purposes unless you ask for its removal.

WILL I BE REIMBURSED FOR BEING IN THE STUDY?

Yes, you will be compensated each time you engage with a Research Assistant during the data collection follow-up cycle. You will be reimbursed for \$50.00 for the first interview session and subsequent sessions at 6-month time-points. You will be given \$25.00 for participating in shorter interviews in between the 6-month time-points. You will be given reminders of these appointments through letters mailed to your address and through other contact methods you choose (e.g., phone calls, texting, emails, etc.)

Participants who do not receive Housing First will be reimbursed an additional \$5.00 per month, given that they contact us once a month to give us a quick update on their living situation.

HOW CAN I BE SURE THAT THE INFORMATION I PROVIDE IS KEPT PRIVATE?

Only the researchers of the study will know what answers you provide on the surveys, and we will not tell anyone. The staff at the service provider organization will not know what you answered on the survey. We will keep your answers confidential. **We will not tell anyone what you tell us unless we think someone might be hurt. If so, we will talk to you first about the best thing to do.** We will use a number instead of your name when we store your answers in a password-protected computer in a secure research office where only authorized research staff will have access to the information. Five years after the study is finished, we will destroy all information that we collect, including the questionnaires, interview transcripts, and digital recordings.

Information gathered by the Youth Assessment Prioritization Pre-Screener (YAPPS) Tool and the Youth Assessment and Prioritization (YAP) Tool will be stored in the WalRhon Psychological and Assessment Services database. Personal information will not be stored on the database; the data collected will be anonymous and analyzed with all participants in the study.

The results of this study may be published in articles or presented at conferences, seminars or other public forms. In that case, no individual information that could identify you will be released. No information that reveals the identity of participants will be released or published without your consent, unless required by law.

WHO DO I SPEAK TO IF I HAVE QUESTIONS OR CONCERNS?

Thank you for considering participating in this study. If you have any questions about this

study, please contact Ashley Ward at: 905-730-3195 or akward@edu.yorku.ca. You may also contact Stephen Gaetz at: 416-736-2100 Ext. 20050 or sgaetz@edu.yorku.ca.

This research has been reviewed and approved by the York University Research Ethics Board. If you have any ethical concerns about your participation in this study and want to speak with someone not on the research team, please contact Alison Collins-Mrakas, Manager and Policy Advisor, York University Office of Ethics at: 416-736-5914 or acollins@yorku.ca.

CONSENT TO PARTICIPATE

I, _____, understand that York University and A Way Home are conducting a research study on Housing First for youth. I understand that I am being asked to participate in the study by participating in a 1.5 hour research interview every three months until the end of the study. I understand that for some parts of the research I may be audio recorded, and that I can choose whether to be recorded or not.

I understand that I may be randomized to receive Housing First, or to not receive it.

I have been made aware of the potential risks and benefits associated with my participation in this study. Any questions I have asked about the study have been answered to my satisfaction. I understand that my own participation is completely voluntary and that my decision to participate or not will be kept completely confidential. I further understand that I can withdraw from the study at any time without explanation. I understand that participation or non-participation in the study will in no way impact my service at the participating agency/organization or any other community agency.

I understand that information collected for this study is strictly confidential and that all data will be stored securely. I have been assured that no information will be released or printed that would disclose either my identity unless required by law. All data will be destroyed (shredded or deleted) 5 years after the publication of research results.

Please check the appropriate box:

- ☐ I voluntarily consent to be audio recorded, if necessary.
- ☐ I do NOT agree to be audio recorded.
- ☐ I voluntarily consent to the Research Team contacting other agencies about my whereabouts.
- ☐ I do NOT agree to the Research Team contacting other agencies.

I, _____, hereby consent to participate.

(please print your first and last name)

Signature: _____ Date: _____

Appendix E: Visual Timeline of Qualitative Data Collection

HF4Y Intervention			Treatment as usual		
ID Number	Stably Housed	Time of Interview	ID Number	Stably Housed	Time of Interview
1000	Yes	4 months	1010	No	6.5 months
1001	Yes	6 months	1011	No	5 months
1002	Yes	12 months	1012	Yes ²	6 months
1003	No ³	3 months	1013	Yes ⁴	4 months
1004	No ⁵	13 months	1014	No	3.5 months
1005	Yes	3 months	1015	No	4 months
1006	Yes	4 months	1016	No	3 months
1007	Yes	8 months	1017	Yes ⁶	12.5 months
1008	Yes	3.5 months	1018	No	13.5 months
1009	Yes	7 months	1019	No	4.5 months

² Stably housed through CMHA

³ Currently looking for housing with worker

⁴ Shares apartment with Dad and their name is on the lease

⁵ Requires social assistance to help pay for housing but currently not eligible for social assistance due to citizenship

⁶ Secured housing through a government rent supplement program